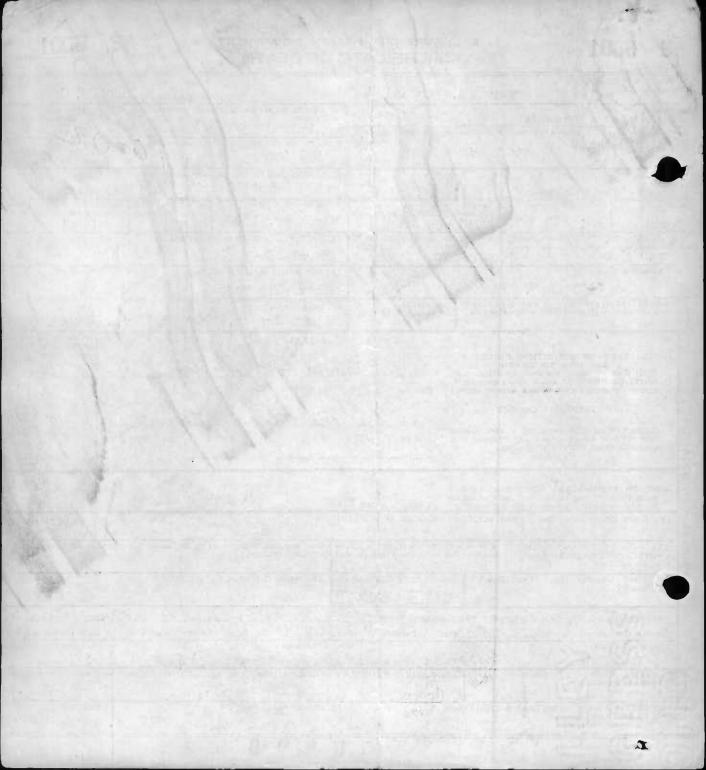
6	3	C
52		6001

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered :	No.		
1. NAME OF DECEASED (Type or Print) Margaret A.	. Harwood		2. DATE OF DEATH JUY	ne 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	f institution : residence before admission)		
B. FULL NAME OF (If not in hospital or instituti HOSPITAL OR INSTITUTION 932 Abbott Court	on, give street address or location)	Maryland c. CITY OR TOWN Baltimore	outside corporate insi	ts, white WORAL and give township)		
The state of the s	Yrs. Mos.	D. STREET ADDRESS (If I				
WIDOW	Days , MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours onths; Days Hours Min.		
10A. USUAL OCCUPATION (Givekindof) 10B. KIND	OF BUSINESS OR	March 29, 1860	92	12. CITIZEN OF		
work done during most of working life, even if retired) housewife own ho	INDUSTRY	Maryland		WHAT COUNTRY		
13. FATHER'S NAME William T. Keith		14. MOTHER'S MAIDEN NA				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Albert Crouse, 1	A	DDRESS		
heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE!	(E)	terioscheroris	, zenerslije	109-		
TO THE DISEASE OR CONDITION CAUSING IT	FINDINGS OF OPER	ATION		20. AUTOPSY?		
LYING OR CONTRIBUTING about home, for CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour)	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased alive on the 39, 1952.	deceased from deceared from 22	1945, to 2		that I last saw the he date stated above.		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Cremation 7/3/52 DATE RECEIVED BY LOCAL REGISTRAR JULY 252 LOCAL R	Green Mount	Crematory Palt. 25. FUNERAL DIRECTOR Wm. Gove, &	imore,	Maryland ADDRESS Paul Street		
vertion of 5	5 A 11 1	5 9 9 8				

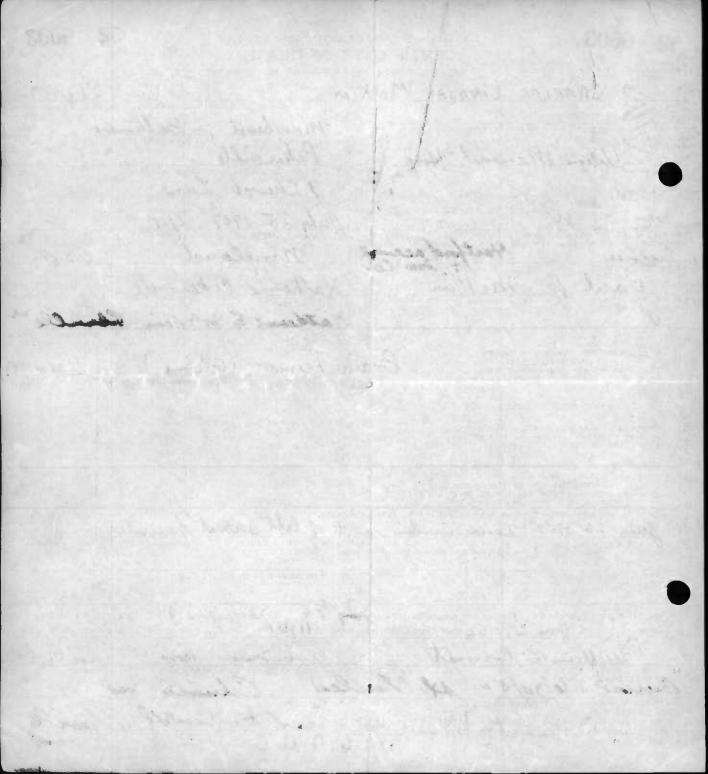


52	6002
DTH NO	00013

ВІ	RTH NO.				CERTIFICATI	E OF DEAT	H Registered	1 NO
	NAME OF D	ECEASED		100		H	2. DATE OF	CAMPAGE TA
	I	eo Jame	es Dou	gherty			DEATH 6/	28/52
	Baltimore (land			A. STATE	ENCE (Where deceased lived, B. COUNTY	before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (If no	ot in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	rren Ave Baltim	mits, write RURAL and give
	41	St. Jos	seph!s	Hospit	al Yrs.	Baltimo	S (If rural, give location)	7-0
ξ.	regigth of s	tay in Bal	timore	T.if	Mos.	413 War		
5.	SEX	6. COLOR	OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	If Under I Year If Under 24 Hours Months: Days Hours: Min.
	Male	White	9	Marr		salutated	About 60	Days Hours
10	A. USUAL OC	CUPATION	(Give kind of	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		or working mo, or		ne Trai	nsportation	Ral time	re. Md.	What cooking
13	. FATHER'S					Ral time		
		P	atrick	c Doughe	erty	Mary Ann	MeHugh	/
15 (Yes	. WAS DECEAS	ED EVER IN I	U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					1	rs Leo J.Do	ugherty 113 War	ren Ave
	18. 323	2.1			CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CON			10	10		
		LEADING not mean t	the mode o	of dying, e. s		minal /2	neummusi	
		re, asthenia, complication						
		ANTECEDE	NT CAUS	SES				
Z					(B)			
은	RISE TO T	S OR COND	AUSE (A)	STATING TH				
Y)	UNDERL	YING CONE	DITION LA	IST.	(C)	• • • • • • • • • • • • • • • • • • • •		
CERTIFICATION			11					
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L	19A. DATE	OF OPERAT	ION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Q V				1 2 In DI	ACE OF INJURY (e. g., in	or 21c. WHERE D	OID (If in Reltimore Cit	y, give exact location)
MEDICAL	LYING O		UTING	about home,	farm, factory, street, office bldg., e	(c.) INJURY OCCU	R?	y, give exact location,
P	210. TIME OF INJURY	(Month) (D	ay) (Year)		21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?	
h	22. I herel	n certifu t	that I att	tended the	deceased from 6/2	7/52 19	to 6/28/52 , 19	that I last saw the
	deceased a	live on 61	28/52			red at 12:45m.	from the causes and or	n the date stated above.
	23A. SIGNA		D	16.11		3B. ADDRESS		23c. DATE SIGNED
		h. 1	()-	xo pai	M. M. O.			
24 TI	N. REMOVAL	CREMA- 24 Specify	B. DATE	10	24C NAME OF CEMETE			
	Burial		7/1/	52	Cathedral		Baltimore,	
	ATE RECEIVE		GISTRAR	'S SIGNATU	JRE	25. FUNERAL DIF	RECTOR	ADDRESS
Ш	N 29195		Hunti	ugton	Williams, My	H. W. Mears	and Son 8	05 N. Calvert
	VS 150			705	2063204	559 9 0		

HOLEN TO A PROPERTY OF THE PERSON OF THE PER STATE OF STREET

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	52	6003				HEALTH DEP		Registered I	52	6003
В	RTH NO	O			ERTIFICA	TE OF DE	AIH	registered 1	1 (7,000	
	NAME ype or P	of DECEAS		LINDS	AY Mel	Kim	2	OF DEATH CHINA	127	1957
		of DEATH:				4. USUAL RE	SIDENCE (Whe		instituti	ion : residence before admission
H	SPITAL	- OR	(If not in hospit	al or institution	, give street addres locati		land OWN (If out	Ballim side corporate limit	are'	RIDAL and giv
IN	STITUT	ION Uses	in Me	morial	Hoson	Pike	will.	2	1300	township
			7. 11.		الله. علان	s. and	DRESS (If run	al, give location)	The half to deal to the same of the same o	
	SEX	of stay in	Baltimore LOR or RACE	7. SINGLE, M	MARRIED.	8. DATE OF E	BIRTH 9		f Under I Yo	
	M		W	N), DIVORCED (Spe	July 2	5 1907	last birthday) Mo	onths Da	Hours Min.
wor!	done durin	AL OCCUPAT	TION (Give kind of glife, even if retired)	10B. KIND O	F BUSINESS OR INDUST	OI. BIRTHPLA	CE (State or forei	gn country)		TIZEN OF HAT COUNTRY
13	. FATH	ER'S NAME		7007	Ans Co.	14. MOTHER'S	MAIDEN NAMI	9(. 0	15A
		Basil	A. 7	mcKi	m This whome	Kather	une Eck	enrode		
	, no or un	ECEASED EVER	R IN O. S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO	17. INFORMA	NT 5	· L. A	DDRES!	s
	18. /	93X			CAUS	E OF DEATH	ul E.M	5 / Com		ERVAL BETWEEN
	D	ISEASE OR	CONDITION ING TO DEAT	DIRECTLY	Q	· T	601	.)	ONS	SET AND DEATH
	hear	is does not m tfailure, asth	ean the mode o enia, etc. It mea	f dying, e. g., ns the disease.	(A)	un /um	or (Gill	oma)		7 mo. (3
	inju	9.31	cation which c	,	DUE TO					
Z	DIS		ONDITIONS, II		(B)			•••••		*********
ERTIFICATION	RISE	TO THE ABO	OVE CAUSE (A)	STATING THE	DUE TO					
FIC	in large				(C)			***************************************		
RT			II ICANT CONDI IE DEATH, BUT							
S	то		OR CONDITION		INDINGS OF O	PERATION				O ALITODOVA
AL	Su	me 26	1952 -	Tumor in	wading M	out of lef	teerbral	hemirales	e YE	O. AUTOPSY?
IEDICAL	LYING	ACCIDENT WE OR CONTE	AS UNDER- TRIBUTING		OF INJURY (e. , factory, street, office bl		RE DID (If in	Baltimore City,	give exa	et location)
Σ	2 ID. TI		(Day) (Year)		E. INJURY OCCU		DID INJURY O	CCUR?		
L					DRK NOT WE	RK	-=- A	. 10	-	
	-	hereby cert sed alive on	ify that I att	ended the de	ceased from d d that death	curred at 11 15	19) Zto Ju	causes and on t	that	I last saw th
		IGNATURE	yum x	4 10-3-2, 000	+	23B. ADDRESS		causes and on a	23c.	DATE SIGNED
	A. BUR		24B. DATE	Cracraf 240	M. D.	TERY OR CREMAT	ORY 24D. LOCA	ATION (City, town,		ty) (State)
TIC	3 cm	VAL (Specify)	6/30/	52 1	y. Chas	les	Cile	ille me	D	, , , , , , , , , , , , , , , , , , , ,
		EGISTRAR	REGISTRAR'	S SIGNATURE		25. FUNERAL	DIRECTOR	200	ADDR	ess · Na
	HIN	301952	1 miting	ton Wil	lique, M.	? Trank	N.7-	ewre - (che	ulle
	VS 1	150) and the	703	-03 0 O	U			med



CAUSE OF DEATH

16. SOCIAL

None

DUE TO

DUE TO

about home, farm, factory, street, office hldg., etc.)

21E. INJURY OCCURRED

SECURITY NO.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE,

(Specify) HOMICIDE

21D. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT 22. I hereby certify that I attended the deceased from 6-24, 1944 to 6-27, 1952, that I last saw the

deceased alive on 6-26 1952 and that death occurred at 5 P m., from the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

June 30/52 St Lukes Cem untington Wallacus, Mit

24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

238. ADDRESS

me

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

ADDRESS

J.F. Eline & Sons, Reisterstown, Md.

17. INFORMANT

Laura Payne

Baltimore 18.Md. INTERVAL BETWEEN

ADDRESS

ONSET AND DEATH Gerebral Vascular Ecclasion 5 lay. Generalized Arterioschrosis 5 yrs

20. AUTOPSY?

(If in Baltimore City, give exact location)

23c. DATE SIGNED

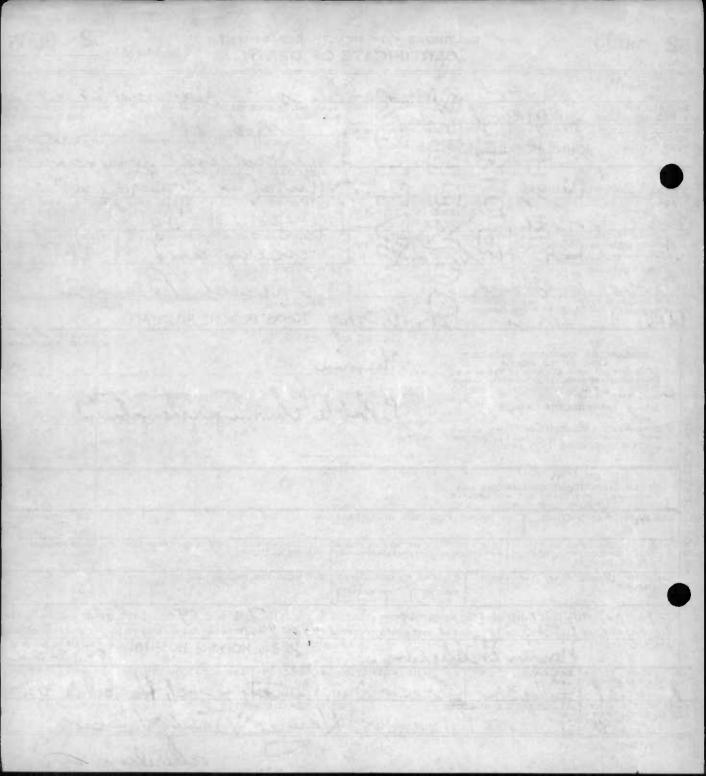
Burial DATE RECFIVED BY

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452			4	
52 6005 BIRTH NO.	BALTIMORE CITY HE CERTIFICATION		Registered No.	2 6005
1. NAME OF DECEASED (Type or Print)	oles as to al	Plan	2. DATE OF DEATH AUL 2	9 1957
3. PLACE OF DEATH: A. Baltimore City, Maryland	ud. Osla	4. USUAL RESIDENCE (Wh		ution: residence before admission)
HOSPITAL OR	or institution, give street address or location) INS HOSPITAL	C. CITY OR TOWN (If or	itside corporate limits, wri	te RURAL and give
	Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)	016
c. Dength of stay in Baltimore 5. SEX 6. COLOR OR RACE	Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Months;	Year If Under 24 Hours Days Hours: Min.
Male Colored 10A USUAL OCCUPATION (Give kind of	TOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	39	CITIZEN OF
work the during mortof we king life, even if retired)	U.S. Journal INDUSTRY	mary	lud	US STORY
13. PATHER'S NAME	llino	14. MOTHER'S MAIDEN NAM	Barn	1
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, sive war or date)	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRI HOSPITAL	ESS
V18. 600.0		OF DEATH	ľ	NTERVAL BETWEEN ONSET AND DEATH
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injury or complication which co	0 0	He of	la 17	4,
DISEASES OR CONDITIONS, IF	STATING THE DUE TO	v a cumaç	Jenny	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS	(C)			
THER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT I				
O TO THE DISEASE OR CONDITION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
U 21a. ACCIDENT WAS UNDER. LYING ○ OR CONTRIBUTING ○ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,		in Baltimore City, give of	YES NO Exact location)
Z1D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR		OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE AT WORK			
deceased alive on 24	ended the deceased from		causes and on the de	at I last saw the ate stated above.
23A. SIGNATURE		38. ADDRIGHNS HOPKIN	IS HOSPITAL 23	-29-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or co	(State)
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25. FUNERAL DIRECTOR	ADI	DRESS
VS 150	don't Williams Mer.	Heury Va	mugt 20	us.
	970	9/0 0/9	alerdem	rus

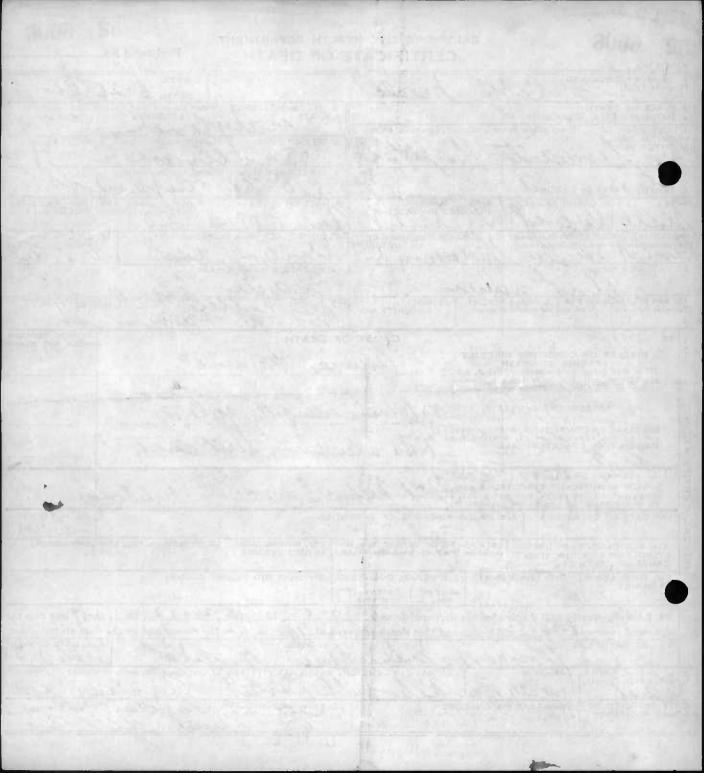


BIRTH NO.

MOSES COBB BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

3. PLACE OF DEATH: A. Daltimore City, Maryland A. Daltimore City, Maryla	1. (T	NAME OF DECEASED type or Print)	Col	36	moses	1			2. DATE OF DEATH	6-2	6-52	-
C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN II guidade corporate limits well builded C. CITY OR JOWN	Α.	Baltimore City, Ma				A.		DENCE (WI	nere decease	lived. If in	nstitution: res	idence
C. Length of stay in Baltimore State Days D. STREET ADDRESS (If Employer) Southon Days D	H	OSPITAL OR	not in nospita	- Institut		- 4	CITY OR TOW	N (If	utside corpo	rate limits,	write RURA	Land give
E. JERISH OF Stay in Baltimore Days O. GLOR OR RACE 7. SHOELE MARRIED. Days O. GLOR OR RACE 7. SHOELE MARRIED. Days O. GLOR OR RACE 7. SHOELE MARRIED. O. ALL OF BIRTH J. ACE An years ill libed 1 bays library J. M. J. J. J. ACE An years ill libed 1 bays library J. M. J. J. J. J. ACE An years ill libed 1 bays library J. M. J.	1	remu	reiny	18	syperas		Da	lu			6-0	(Smitship)
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13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARNED BORCES! 16. SOCIAL 17. WORKER'S MAINEN NAME 15. WAS DECEASED EVER IN U. S. ARNED BORCES! 16. SOCIAL 17. WORKER'S MAINEN NAME 18. H 20.0 DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. R., learned of service) 18. H 20.0 DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. R., learned of service) INDIRECTLY (This does not mean the mode of dying, e. R., learned of service) DISEASES OR CONDITIONS, IF ANY, GIVING HISTORY OF COMPLETED WHICH CONTROL WHICH AND DUE TO ANTECEDENT CAUSE (A) STATING THE UNDERLYING CONDITION LOSS ON TREATES DISEASES OR CONDITIONS, IF ANY, GIVING HISTORY OF COMPLETED WHICH CONTROL WHIC	1	rall Cou	ored	Mi	WILL S	Pify) 8.	pr. 8.	1912	last	Mon	ths Days Ho	urs Min.
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL 17. WE DEVENDED TO CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY The decease of condition directly on the caused death, injury or compleation which caused death, injury or compleation or related to the complete of the above cause (a) stating the Underlying Condition causing it. DISEASES OR CONDITIONS, IF ANY, GIVING PROPERTION OTHER SIGNIFICANT CONDITIONS CONTROLLED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (s. s. in to 10 INJURY OCCUR? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 22D. APPENDIX (OFFICIAL STATE SISTING AND	67	doneduring most of working life	even if retired)	10g. KIND	OF BUSINESS OR	RY	BIRTHPLACE	(State or for	eignepuntry	7)		
THE TO THE ABOVE CAUSE (A) STATING THE UNDERLY SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIEASE OF CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIEASE OF CONDITION ASSING IT. 21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., ia or INJURY OCCURRED TO THE DIEASE OF CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., ia or INJURY OCCURRED TO THE DIEASE OF CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY OCCURRED TO THE DIEASE OF OF DEATH WORK NOT WHILE WORK NOT WORK NOT WHILE WORK NOT WORK NO	13		h	right	copies.	14.	MO HERS M	ALLEN NA	ME 7		N.A.	<u>u,</u>
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	_	VS 150	7	9 5	mains, Mo.		1601	gru	uit (THE	u u	ue,



52 6007 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) BESSIG SARAH SHEAN	2. DATE OF DEATH JUNG 29 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSP. for the women of location) INSTITUTION HOSP.	
c. Length of stay in Baltimore 37 Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W 100 W D	8. DATE OF BIRTH 9. AGE (in years last birthday) Months Dayo Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 6 3 A
13. FATHER'S NAME EMANUAL BOLLINGER	14. MOTHER'S MAIDEN NAME AUGUSTA CINNANGEN NIG Ratte

CAUSE OF DEATH

17. INFORMANT (GRANDSON)

THRO MEOSIS

21c. WHERE DID

INJURY OCCUR?

INFARCTION

21F. HOW DID INJURY OCCUR?

1953. and that death occurred at \$ 300m., from the causes and on the date stated above.

STONESIFER

MR. CHARLES

BRONCHO PNEUMONIA

CEREBRAL HEMORAHAGE

ADDRESS

SAME

ONSET AND DEATH

42 PAYS

23c. DATE SIGNED June 29, 1952

YES

(If in Baltimore City, give exact location)

, 1953, to June 29 , 1952, that I last saw the

24D. LOCATION (City, town, or county)

1000

16. SOCIAL

DUE TO

DUE TO

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

24c. NAME OF CEMETERY

Baust Church Com.

about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

CORDNARY

NOT WHILE

POST- MYOCARDIAL

SECURITY NO.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

248, DATE

22. I hereby certify that I attended the deceased from

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

B urial

21A. ACCIDENT WAS UNDER-

deceased alive on 29

LYING OR CONTRIBUTING

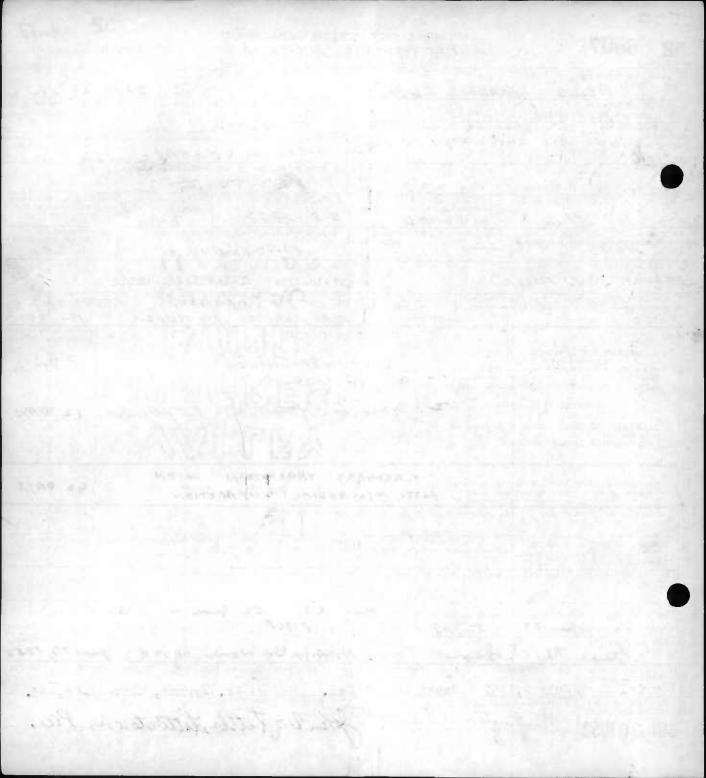
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

(Yes, oo or unknown)

CERTIFICATION

EDICAL

NO

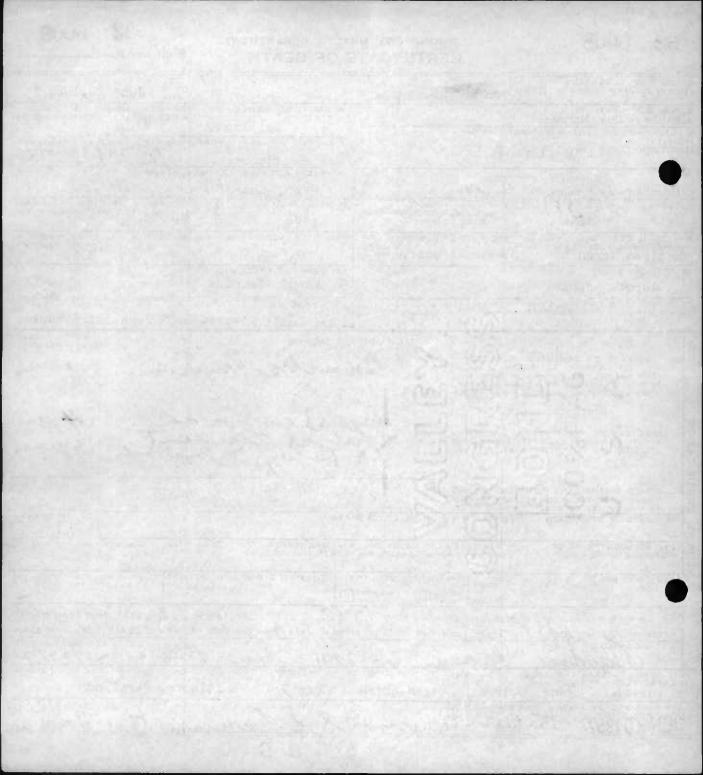


52 6008

Registered No .__ BIRTH NO 2. DATE 1. NAME OF DECEASED HARRY SIEGAL (Type or Print) OF June 29,1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1701 Ellamont St tewnship) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 3902 Penhurst Ave c. Length of stav in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) White 1881 Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired)
Retired Merchant INDUSTRY General Mdse. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Zelnick Jacob Siefal 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Louis Siegal- 3902 Penhurst Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Broncho - Fren LEADING TO DEATH week (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION DICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT 22. I hereby certify that I attended the deceased from 194829 1952 that I last saw the . 19___, to_ 28 , 195 and that death occurred at 315 Am., from the causes and on the date stated above. deceased alive on lo 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Baltimore, Maryland Mogan Abraham Cemetery June 30, 1952 Burial ADDRESS //) DATE RECEIVED BY REGISTRAR'S SIGNATURE . 25. FUNERAL DIRECTOR

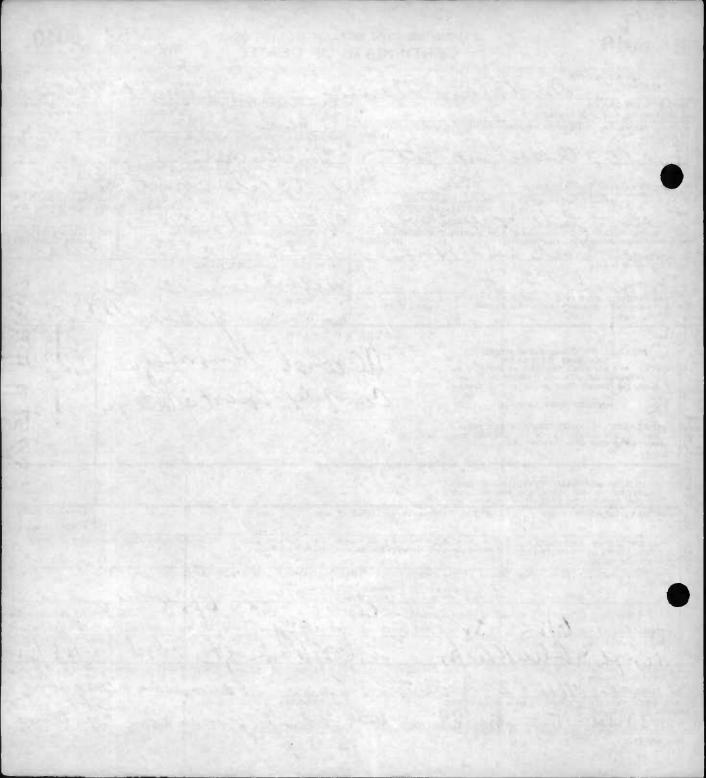
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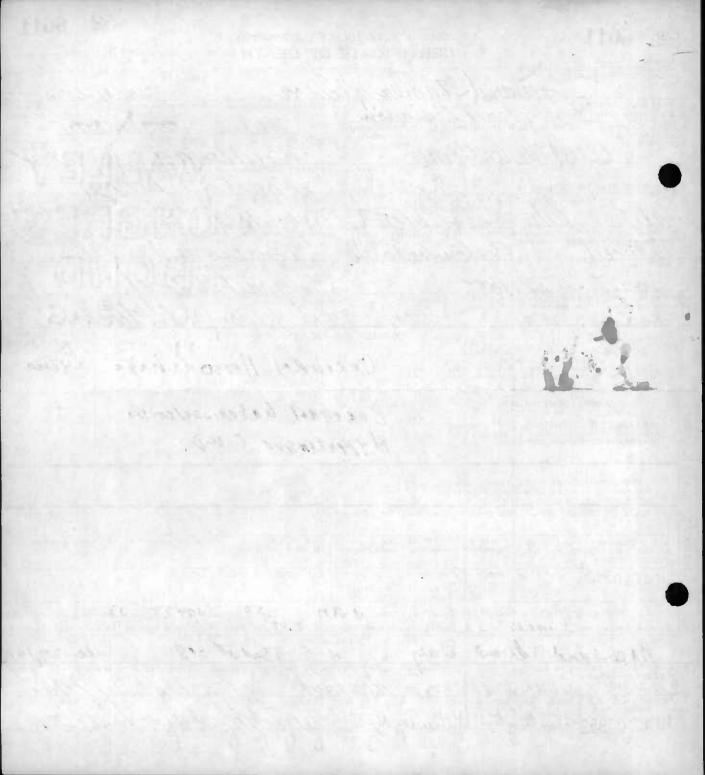
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5% BI	2 6009 RTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	6009
	NAME OF DECEASED Vipe or Print) (F = 6 P.G = 6	WIESING	52	2. DATE OF DEATH 6-2	4-52
	PLACE OF DEATH: Baltimore City, Maryland	2.2	4. USUAL RESIDENCE (W	There deceased lived. If insti B. COUNTY	tution: residence before admission)
HC	FULL NAME OF (If not in hospital or ins DSPITAL OR STITUTION	titution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
2	University 74-05	Yrs.	Baltimore DEFESS (If	rural, give location)) Lownsmp)
	Length of stay in Baltimore	65 Mos.	1128 W. Ba	etimose.	St.
Š	m w	NGLE MARRIED, DOWED, DIVORCED (Specify)	6/30/1877	9. AGE (In years If Under last birthday) Months	Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during plost of working life, even if retired)	IND OF BUSINESS OR HOUSTRY	1 N BIRTHPLACE (State or fo	preign country) 12.	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME P: Da	
15	WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT	ADDE	Ossall Ax
(Yes	(If yes, give war or dates of service	security No.	Wa Lellian E. W	all bati	insore
	18. / 53X DISEASE OR CONDITION DIRECT		OF DEATH	10	ONSET AND DEATH
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the d injury or complication which caused	, e. g., (A) Tulm isease,	anary emboli	is multiple	3days
	ANTECEDENT CAUSES	1.0	hade lite		30000
NOI	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN		creprocus (-s	•••••••••••••••••••••••••••••••••••••••	- acayo -
CERTIFICATION	UNDERLYING CONDITION LAST.	(C)			
F	II OTHER SIGNIFICANT CONDITIONS	cov	Λ 0	(.)	
CER	TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED CLLCLA	omers Col	on (2)	6 mo
AL	194. DATE OF OPERATION 198. MA	JOR FINDINGS OF OPER	ation bepat	i Calan	YES NO
EDICAL		PLACE OF INJURY (e. g., income, farm, factory, atreet, office bldg., e		f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
h		m. WORK L AT WORK L	6-5 19_, to 6	-28-5210 4	nat I last saw the
		2, and that death occur	red at 9 Pm., from t	he causes and on the a	late stated above.
	23A SIGNATURE D. Pen	y . M. D.	38. ADDRESS	Hospitul 2	6-29-5
24 TIC	NA. BURIAL, CREMA 24B, DATE NA REMOVAL (Specify)	WAT Drive of	Gem. 29	30 Brokeric	h ave
D/ LC	ATE RECEIVED BY REGISTRAR'S SIGN	VIII AMA	25. FUNERAL DIRECTOR	an Alon &	olling,
	Vs 150	2406	6,000		

2	-60	
	BALTIMORE CITY HEALTH DEPARTMENT 52	6040
) A	CERTIFICATE OF DEATH Registered No_	
1.	NAME OF DECEASED	/
	Type or Print) Dorthea Deiser OF DEATH 6/25	152
	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If instigation in the country of the coun	tution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give
IN	ISTITUTION 13 Gland At Baltings 21-6	township)
	Yrs. D. STREET ADDRESS (If rural, give location)	
c.	Hongth of stay in Baltimore Life Days 1173 Cleveland A	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months	Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 17 BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
	k done during most of working life, even if stired) INDUSTRY Rolf -	WHAT COUNTRY?
13	B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	C = A
•	Toward Frito Wilhelmina miller	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDR. SECURITY NO.	55 ~ ~T.
	hu Andrew W. Leiser El	eveland
	18. /70X CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6/27/52
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES CO of lys typeast a the to become	7.
Z	(B)	372
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	(C)	•••••••••••••••••••••••••••••••••••••••
RTIFI		
ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
₹ S	Los alveres trium of the Museus and Mark Pality City	YES NO
EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., in ur about home, farm, factory, etreet, office bidg., etc.) 1NJURY OCCUR?	exact location)
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from 190, to 6/78, 19 1910,	at I last saw the
	deceased alive on 6 3, 19 I and that death occurred at 4 An, from the causes and on the d	
	23A SIGNATURE A COLUMN DE 23B. ADDRESST LOS	BE DATE SIGNED
24	4./BURIAL/ CREMA- 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24B. LOCATION (City, town, or c	ounty) (State)
TIC	ON REMOVAL (Specify) 7/1/5-2 Was Torre to a. Edwardson + Lo	rayord.
Di	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	8 E95 . ST.
	UN 301952 Huntington Williams, MP. John J. Cowan woon 3	tollens
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	vs 150	



BALTIMORE CITY HEALTH DEPARTMENT

BI	CERTIFICATE OF DEATH Registered No.	
_	A	
(T	Type or Print)	-20 FA
9	PLACE OF DEATH: DEATH WHEN DEATH	28.07
	Baltimore City, Maryland /400 & Sulmilon 4. USUAL RESIDENCE (Where deceased lived. If ins	before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or	0///
HO	OSPITAL OR ISTITUTION C. CITY OR TOWN (If outside corporate limits, w	rite KURAL and give
/	1) (geech Main Hame) Bullinger	7 township
	Yrs. O. STREET ADDRESS (If rural give location)	-00
	Mos. Mos.	
	SEX 6. COLOR OF RACE 7. SINGLE MARRIED ALB DATE OF BIRTH 19 AGE IN WARS BIRTH	U
5	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years Under the state of	et l Year If Under 24 Hours
11	1911 2/11/10 XISPALITED (2111-6-1868) 83	
10	A USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF
WOTE	t done during most of working life, even if retired)	WHAT GOUNTRY
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1.0,
	FATHER'S NAME	
	Jos. K. Messign Managareh S. Tool	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	RESS //
(10	a, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Turay 11
_	NO MILE MUNION PONT VINS	HUMBLE (I)
	18. 44 CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	(This does not mean the mode of dying, e.g., heart failure, asthenia etc. It means the disease	24/mo
	injury or complication which caused death.) OUE TO	
	ANTECEDENT CAUSES (B) Perephal Gatinios dequisis	
Z	(B) (B) (A TIME) (A TIME) (B)	
은	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
4	UNDERLYING CONDITION LAST. OUE TO UNDERLYING CONDITION LAST. (C)	
5		
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œ	OTHER SIGNIFICANT CONDITIONS CON-	
CERT	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4		YES NO
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give	
	LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
Σ	CAUSE OF DEATH	
	210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE	
L		
	22. I hereby certify that I attended the deceased from Jan, 195, to June 28, 1912-t	
	deceased alive on June 25, 1952, and that death occurred at 2.00 m., from the causes and on the	
	23A. SIGNATURE 23B. ADDRESS	3c. DATE SIGNED
	11 Obol Must Coliny Day M.O. 4-2-3311 31 -18	Men 29,195
24	AA. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, of	county) (State)
110	Levell June 130/32 Loughant Brolla Pole	1 mil
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR	DDRESS
	CAL REGISTRAR LANGE AND	-1 0 6
	JUN 301952 Tuntington Williams, My 20 Sell Carrell My 11 - 18)	1140.



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5	z 6012			ALTH DEPARTMENT	Registered No.	6012
B	IRTH NO.	CE	RIFICATE	E OF DEATH	registered ito,_	
	NAME OF DECEASED bype or Print) DR.	nas wm	KEOWN		2. DATE OF DEATH 6-28	-52
	PLACE OF DEATH: Baltimore City, Maryland	of Grand	2.1	4. USUAL RESIDENCE (W		ution : residence before admission)
В.	FULL NAME OF (If not in	hospital or institution,	give street address or	Md.	Ballot	UII.
H	OSPITAL OR ISTITUTION	: /	- plocation)	C. CITY OR TOWN (If	outside corporate limits, you	te URAL ne give township)
4	IM	Wently	My.	1-Oall	more	7-01
		BNA	1/2 Yrs.	D. STREET ADDRESS (If I	ural, give location)	
	Length of stay in Baltime		ARRIED Days	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year II Under 24 Hours
	male wi	ule Ma	ARRIED Specify)	Fel 5/1868	last hirthdry) Months	Days Hours Min.
1 C	DA. USUAL OCCUPATION (Give	kind of 10B. KIND-OF	BUSINESS OR INDUSTRY	11. BIRTHALACE (State or for		CITIZEN OF
3	hysician	modie		- Xellan	va I	4.5.1
1.8	FATHER'S NAME	141		14. MOTHER'S MAIDEN NA	ME //	1
	Ducken	a./1101	un	Majulda)	Morrow	1/
(Ye	. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16 or detem of service)	SECURITY NO.	17. (NEORMANT) 19 17	ADDR	ESS 0
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	18. /53×		CAUSE	OF DEATH //		NTERVAL BETWEEN
	DISEASE OR CONDIT	DEATH	I brugg	while + me +	miten	11 da
	(This does not mean the n heart failure, asthenia, etc.)	It means the discase,	(A)			6-13
	injury or complication wh	ich caused death.)	DUE TO	- Diction of reserve		Godiyo
_	ANTECEDENT	CAUSES	mul	tiple carcinon	a colon	25400-
CATION	DISEASES OR CONDITIO		(B)			
AT	UNDERLYING CONDITION		DUE TD			
FIC			(C)		***************************************	****************************
	OTHER SIGNIFICANT C	ONDITIONS CON				
ERT	TRIBUTING TO THE DEATH,	BUT NOT RELATED	A.s.	C.V. D.		20200
U	19A. DATE OF OPERATION		NDINGS OF OPER	ATION /		20. AUTOPSY?
ZAL	6-19-52	Intes		struction		YES ND
EDICA	21A. ACCIDENT WAS UND LYING☐ OR CONTRIBUTION CAUSE OF DEATH	-17.	OF INJURY (e. g., in fectory, street, office bldg., e		in Baltimore City, give e	exact location)
Σ	21D. TIME (Month) (Day)	(Year) (Hour) 21E.	INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	F INJURY	m. WHILE				
	22. I hereby certify that			16-5219 to 6-	28-52,19_, th	at I last saw the
	deceased alive on 1-2			red at 112 m., from th		
	23A. SIGNATURE	0//		3B. ADDRESS	// . / / 23	C. DATE SIGNED
	Henry	A) Perry	м. р.	Mirusity	10000	9-29-52
TI	4A. BURIAL, CREMA- ON, REMOVAL (Specife)	11-1-12 24c.	NAME OF CEMETE	RY DR CREMATORY 240 LC	CATION (City, town, or co	(State)
	OCAL REGISTRAR	RAA'S SIGNATURE	liaus Mez	25. FUNERAL DIRECTOR	ADI	PRESS
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	VS 150	and the	0	60000		

Registered No.

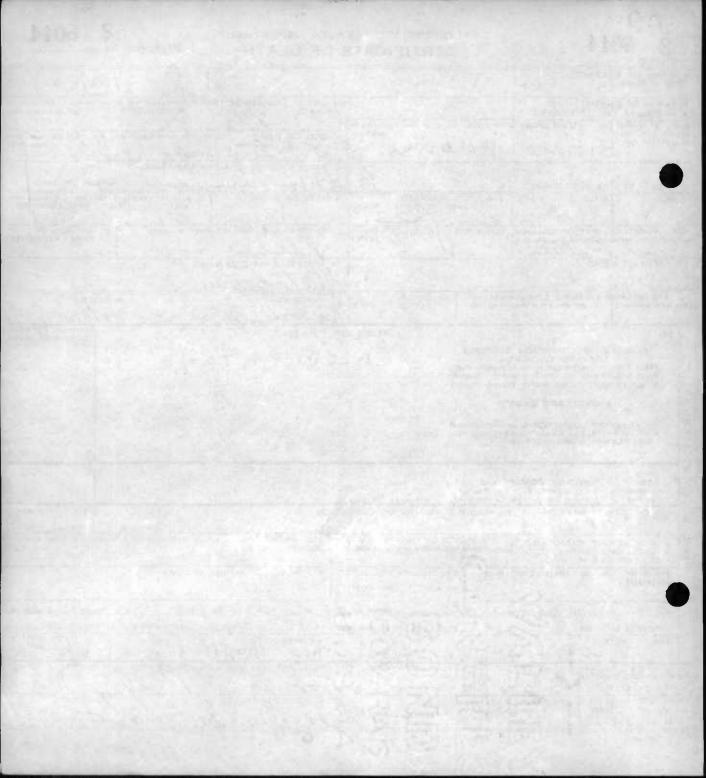
RTH NO.						
NAME OF D ype or Print)	ECEASED (A)	hn I	PA	udall	2. DATE OF DEATH	ene 26 1952
Baltimore (City, Maryland		chedie (he	A. STATE	E (Where deceased lived, I	before admission)
SPITAL OR	OF (If not in hospit	al or institution			(If outside corporate lim	write RURAL and give township)
4/10 /	, Betred	ere W	resule Yrs.			0 81
		leo	Days	4110N. E	Co. Common Co.	
SEX Walo-	6. COLOR OR RACE	WIDOWE	D, DIVORCED (Specify	1 1 10	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
A. USUAL OC	CUPATION (Give kind of working life, even if retired)		F BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
FATHER'S	DATOPITON NAME	Balto.	brussette			" U. J.a.
Mil	liam	Rout	all	Rachol a	Tanks from	el
. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	SECURITY NO.	17. INFORMANT	P. 000 L	ADDRESS Buhalese
18. 1121					Muxall II	INTERVAL BETWEEN
	E OR CONDITION	DIRECTLY	m	1:00	1.4.	ONSET AND DEATH
heart failu	not mean the mode ore, asthenia, etc. It mes	of dying, e.g., ins the disease,	(A)	o-constat / M	jonara	52414.
injuly of				20		
DISEASES	S OR CONDITIONS, 1	F ANY, GIVING		any Ocesus	ens	מומ צ
RISE TO T	HE ABOVE CAUSE (A)	STATING THE		ang anterio	refuser	Years
	П			O I . F	APPROVED BY	,
TRIBUTING	TO THE DEATH, BUT	NOT RELATED		William	sooth .	
			INDINGS OF OPE	RATION	MOAL EXAMINAR	20. AUTOPSY?
LYING O	R CONTRIBUTING [21B. PLAC	E OF INJURY (e. g., n, factory, street, office bldg.	in or 21C. WHERE DID ,etc.) INJURY OCCUR?	(If in Baltimore City,	
21D. TIME		(Hour) 21	E. INJURY OCCURE	RED 21F. HOW DID INJ	URY OCCUR?	
						did not 9
				4.5	- //	that I last saw the
					r ch	23c. DATE SIGNED
4A. BURIAL.	CPEMA- 24B. DATE	Man 24	M. D.	ERY OR CREMATORY 24	D. LOCATION (City, tow	n, or county) (State)
Junas	2 King 30	152/1	Interior	teenta.	Betteriore	Marifant
ATE RECEIVE	D BY REGISTRAR	SIGNATUR	E	25. FUNERAL DIRECT	OR I CONTRACTOR	ADDRESS
VS 150	1952 Juntos	you !!	Harry Mar	6 0/ 0	Jens sias (and Trumps
	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	NAME OF DECEASED Type or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION SEX 6. COLOR OR RACE A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) I. FATHER'S NAME I. FATHER'S NAME II. DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, IN RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LI OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year VF INJURY 22. I hereby certify that I at deceased alive on 23A. SIGNATURE A. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR JUN 30 1952	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution of the property of the done during most of working life, even if retired) J. FATHER'S NAME DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of eservice) ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FOR CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21 ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the dideceased alive on 23A. SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE AAR BURIAL CHAA- 24B. DATE 24B. ATERCEIVED BY REGISTRAR'S SIGNATURE	NAME OF DECEASED PLACE OF DEATH: PLACE OF DEATH: PLACE OF DEATH: FULL NAME OF OSSPITAL OR SEX G. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify WIDOWED, DIVORCED (Specify WIDOWED, DIVORCED) A. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) FATHER'S NAME	PLACE OF DEATH: Baltimore City, Maryland A. USUAL RESIDENCE PSPITAL OR SPITAL OR SPITA	NAME OF DECEASED THE PLACE OF DEATH Baltimore City, Maryland ALL COUNTY PLACE OF DEATH Baltimore City, Maryland ALL COUNTY PLIL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) FULL NAME OF FULL NAME (If not institution) FULL NAME OF

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

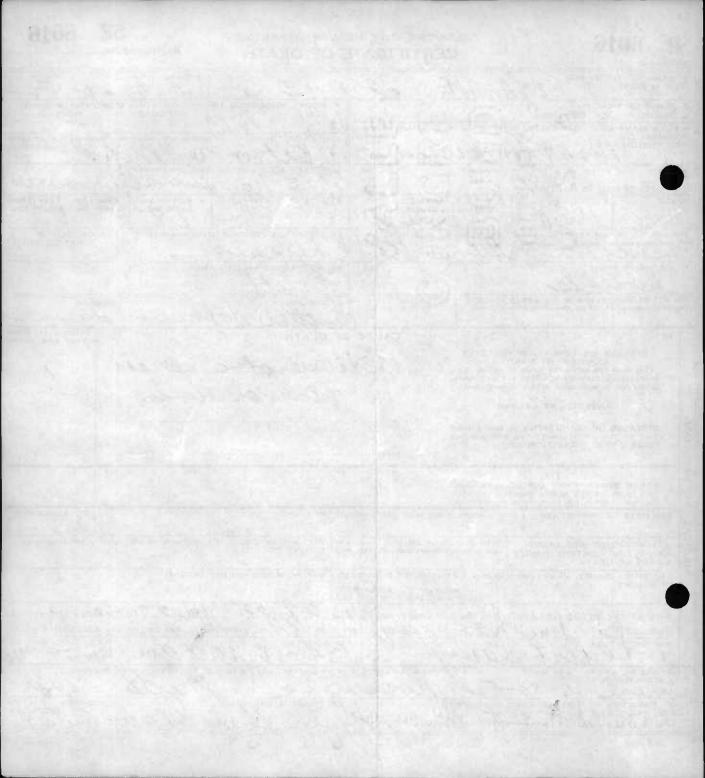
	: CITY HEALTH DEPARTMENT OF CONTROL OF CONTR	NT 52 Registered No.	OOTI
1. NAME OF DECEASED EON BENN		2. DATE 6/2 OF DEATH	8/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	E (Where deceased lived. If ins B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR INSTITUTION SINAI HOSPITA	location) c. CITA OR TOWN	(If outside corporate linits,	rite RIJIAL and give township)
c. Ongth of stay in Baltimore	Yrs. Mos. Days	(If rural, give location)	are
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIPOWED, DIVOR	D. 8. DATE OF BIRTH	9. AGE (in years last birthday) Month	er l Year II Under 24 Hours as Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSI ork good during most of working life by an in-ctired)	INDUSTRY Rues	ia	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME BIROTLER.	14. MOTHER'S MAIDE	N NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no or unknown) (If yea, give war or dates of service) SECU	JRITY NO. 17. INFORMANT	Berman 6701	Para Nata
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		T0'81'S	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. MAJOR FINDING	S OF OPERATION		YES NO
OF INJURY WHILE AT		(If in Baltimore City, give	e exact location)
22. Thereby certify that I attended the deceased deceased alive on 1952, and that	from 6/26, 1952 to	6/28, 195 , 30 om, the causes and on the	that I last saw the date stated above
23A SIGNATURE EUS Surigue E Sa	Wm. B. 238 ADDRESS /tus		6/24/54.
Lucial 6-30 - To Hall	more Hebrew	Hatto	Mrd
DATE RECEIVED BY REGISTRAR'S SIGNATURE WILL JUN 301952	wis: Miral Sever	Dec 2100 60	two B
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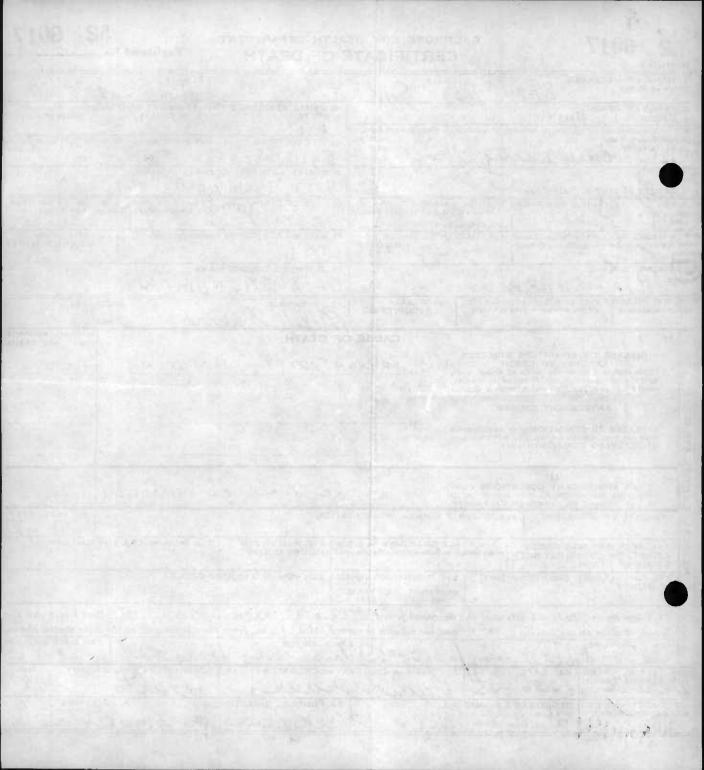
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56 0010	EALTH DEPARTMENT Registered No.	
BIRTH NO.	E OF DEATH Registered No.	
1. NAME OF DECEASED Coseph G. RAPHAL	2. DATE OF DEATH 6. 2	8.1952.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)		write RERAL and giv
INSTITUTION Surai Hospital	Balts . 15 / 3-	township
c. Ongth of stay in Baltimore 48	D. STREET ADDRESS (If rural, give location) 3510 Liberty Heights	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		der I Year If Under 24 Hours hs: Days Hours Min.
MWS	cyn 4188/ 65	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, evalui retired)		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.3, 7
allaham	Moriam	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	017. INFORMANT ADE	DRESS
	J. Berman - 3831 Men	,
18. 42011 CAUSE	OF DEATH	ONSET AND OEATI
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	pocardial infarction	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	0	•••
ANTECEDENT CAUSES	rous coronary disease.	
DISEASES OR CONDITIONS, IF ANY, GIVING	rotate contact contact	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		••••••••••••
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A, ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6.8.		ve exact location)
2 1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,otc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE MORK AT WORK		
22. I hereby certify that I attended the deceased from	. 28 1952 to 6. 28 , 1952	
deceased alive on 6.20, 1952, and that death occu	m., from the causes and on the	23c. DATE SIGNED
Chiliminstry M. D.	Juan desputy	6-28-52
24A. BURIAL, CREMA- TION REMOVAL (Specify) 6 30/1952 Window	ery or Crematory 248, LOCATION (City, town, or	n county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	Hack Levis By? 21 on . E	retar PL

JUN 30 1952 Huntington Walliams, M. 290 6E

160 52 6016 BALTIMORE CITY HEALT CERTIFICATE C	
	HER 2. DATE OF DEATH 6-29-VZ USUAL RESIDENCE (Where deceased lived, If institution: residence
B. FULL NAME OF (If not in hospita) or institution, give street address or location Institution 625h Mague 51	STATE B. COUNTY before admission) CITY OR TOWN (If outside corporate limits, prite RURAL and give township) STREET ADDRESS (If rural give location)
c. Sength of stay in Baltimore 5 CEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) NAVULE 1. COLOR OR RACE 1. COL	DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Joseph	MOTHER'S MAIDEN NAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	DEATH DEATH DEBROTE Clarker Clarker
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 1952 and that death occurred 23A. SIGNATURE 24B. BURIAL, CREMA- 110N, REMOVAL (Specify) 0-30-47 ADDROG OF CONTRIBUTING about home, farm, factory, street, office bldg., etc.) WHILE AT NOT WH	21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19 3 for the causes and on the date stated above at Home, from the causes and on the date stated above ADDRESS 44 W. MATA AVE 19 9 19 5
938V	



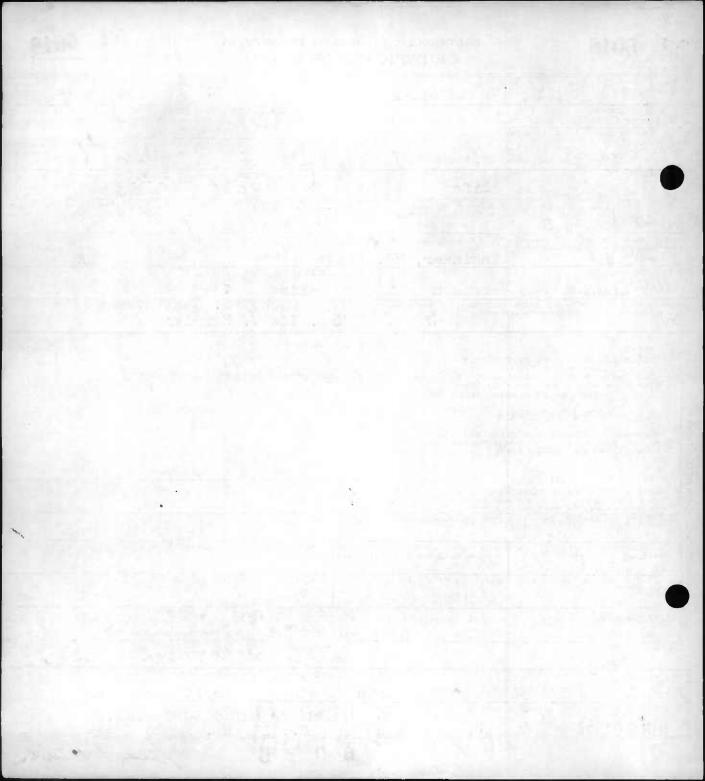
-600	F9 664*		
52 6017 BALTIMORE CITY HE			
BIRTH NO. 52-14618 CERTIFICATE	E OF DEATH Registered NO.		
1. NAME OF DECEASED (Type or Print) BABY BOY SHER	2. DATE OF DEATH 6-28-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Location)			
INSTITUTION ANGUAGE A SEE HORSELLE	c. CITY OR TOWN (If outside corporate limits, write RURAL fold gi		
Yrs.	D. STREET ADDRESS (If rural, give location		
c. Length of stay in Baltimore	4217 PIMLICO RO #15		
5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 1.0 Pr 9 AGE (In years Il Under I Year Il Under 24 Hours Minths Days Hours Mi		
101 USUAL OCCUPATION (SI II) I SO KIND OF THE OWNERS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
PHILIP SHERR	SARA. SPIGELMAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17/WFORMANT ADDRESS		
Second No.	Bully Sherr - dans		
18. 761. 5 CAUSE C	OF DEATH INTERVAL BETWEE		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ATURITY; ANOXIA -		
heart failure, asthenia, etc. It means the disease,	777002777		
injury or complication which caused death.) DUE TO			
Z ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
Ē. II			
	URE PLACENTAL SEPARATION ?		
TO THE DISEASE OR CONDITION CAUSING IT.			
A STATE OF OF ENGLISH OF STATE	YES NO		
YES NO Z 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.)			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?		
m. WHILE AT NOT WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from 110PM 6-28, 1957, to 12 M 6-28, 1957, that I last saw the			
deceased alive on 6 - 28, 1952, and that death occurred at la Pm., from the eauses and on the date stated above.			
Big and Floring G.M. DWN Vniverety Hopartal 6-29-52			
24% BURIAL, CREMA- 24B. DATE 124C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL PIRECTOR APPRESS		
LOCAL REGISTRAR Huntington Williams, Mes	fuel Sevin are 2100 Entant B		
Vs 150	641 3		



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

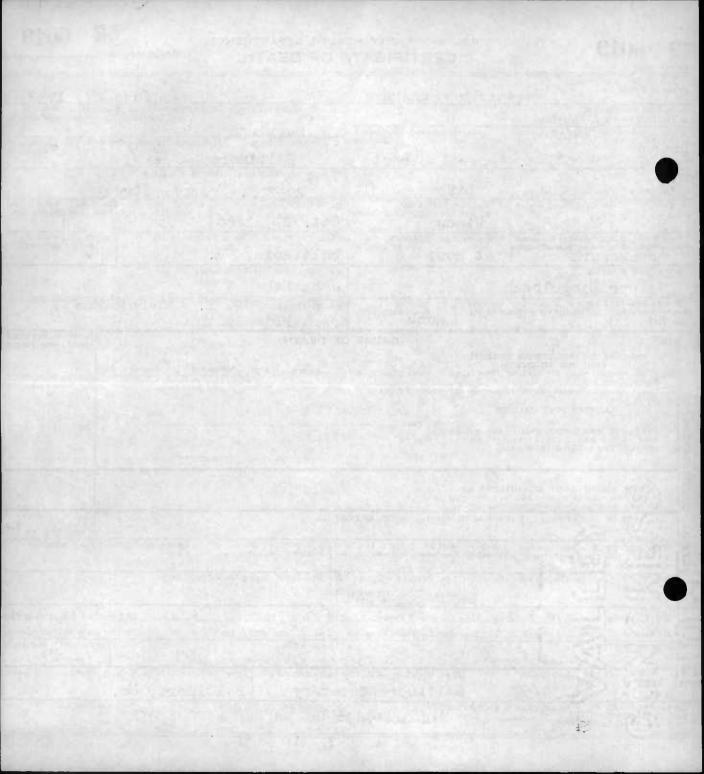
BIRTH NO.					
1. NAME OF DECEASED Wm. B. Har	rison		2. DATE OF DEATH	27.52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2006 B. FULL NAME OF (If not in hospital or institution)	Smore	4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution; residence before admission)	
HOSPITAL OR INSTITUTION Ld. Queral Ho	ion, give street address or location) Sprital	c. CITY OR TOWN (Baltimore	If outside corporate limit	its, white LULAL and give township)	
c. Length of stay in Baltimore Life	Yrs. Mos. Days	807 S. Cas	-6 0 10 1	24	
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW	E, MARRIED, 'ED, DIVORCED (Specify) M.	8. DATE OF BIRTH Oct 24 1870	9. AGE (In years last birthday) M	H Under 1 Year H Under 24 Hours Onths Days Hours Min.	
work done during most of working life, even if retired) Engi	of Business or INDUSTRY	ate led.	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William B. Harri	son	14. MOTHER'S MAIDEN ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Ida V. H		ALBRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN	e, (A) Larei	noma of the	é lungs	INTERVAL BETWEEN CNSET AND DEATH	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)	
F INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJUI	RY OCCUR?		
22. I hereby certify that I attended the deceased alive on 6. 27, 19 52	and that death occur	red at 10 seppm., from		That I last saw the the date stated above.	
In-Jui Lu	M. D. W. D. 24C. NAME OF CEMETE	ud. general H	LOCATION (City, town	6.27.52	
Burial 7/1/52	Oak Lawn	Cemetery	Baltimore,	Ma.	
LOCAL REGISTRAR JUN 30 1952 + turtington	Villiams Mos		& SONS, INC	ADDRESS	
VS 150	1 1 1 1	5 0 1 12	San	It smule	



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BIRTH	NO.

52 - 6019

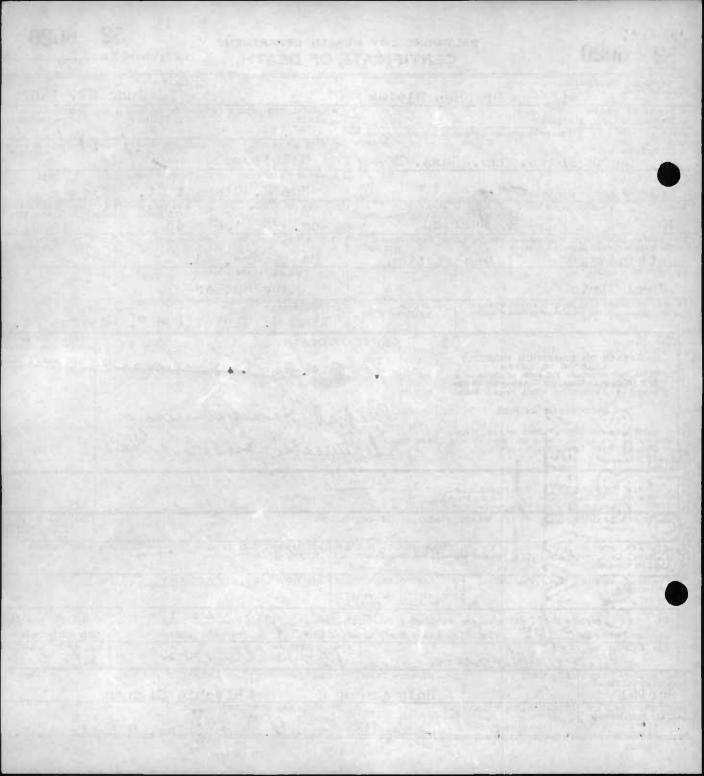
Registered No ... 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH June 27, MARGARET LOHMANN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate livits, write RURAL and give C. CITY OR TOWN township) 2042 E. Federal Street Baltimore D. STREET ADDRESS (If rural, give location) Life 2042 E. Federal Street c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. B. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Oct. 27, 1866 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR USA COUNTRY work done during most of working life, even if retired) INDUSTRY Baltimore, at Home Housework 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Casper Lingelbach Johannah 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT2042 E. FederalaDStreet 16. SOCIAL none no Mrs Carrie Smith INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Carlemolartic Heart dise LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY that I attended the deceased from 1946, 19, to 6/27, 1952, that I last saw the 6/26, 1952, and that death occurred at 305 Pm., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from____ deceased alive on. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Z4A. BURIAL. CREMA-TION, REMOVAL (Specify) Baltimore, Md. Baltimore Cemetery burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ENRY SANDER & SONS INC. ADDRESS



46	V
52 BIRTH NO	6020
1. NAME	OF DECEASED

Registered No. 2. DATE (Type or Print) DEATH June 27, 1952 William Brannen Ulrick 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN L and give INSTITUTION township) Baltimore South Balto. Gen. Hosp. DOA D. STREET ADDRESS (If rural, give location) Yrs. Mos 508 E. Clement St. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify Married Aug. 25, 106 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore. Md. Attendant Ges stati 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ulrick Mary Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Alma M. Ulrick 508 E. Clement St. INTERVAL BETWEEN 18. 410X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WORK 221948 10 22. I hereby certify that I attended the deceased from 12 that I last saw the 19 2 and that death occurred at. m., from the causes and on the date stated above. deccased alive on. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 6/30/52 Ritchie Highway Burial Holy Cross DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Hurlington Inc.

VS 150



3	2 6021	BALTIMORE CITY HE		52 Registered No_	6021
1.	NAME OF DECEASED			2. DATE	
(T	ype or Print) John (Hecker		of DEATH June 26	5 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W)		
		institution file sweet address or	· Ma	0 1	
	SPITAL OR STITUTION	location	c. CITY OR TOWN (If o	outside corporate limits, y ri	e FURAL and give township)
			Baltimore	00	
		Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
	Length of stay in Baltimore 11f	C Days	3122 Mareco Ave		
5.	SEX 6. COLOR OR RACE 7.5	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years H Under last birthday) Months	Days Hours Min.
M	3	married	April 19 1877	74	
10	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF
willia		akery	Baltimore		WHAT COUNTRY?
13	FATHER'S NAME	4	14. MOTHER'S MAIDEN NA	ME	
Н	enry Hecker		Fredericka Weise	men	
15	. WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT	ADDR	Tee .
(Ya	, no or unknown) (If yes, give war or dates of se	rvice) SECURITY NO.	Mrs Mae Hecker 31		L33
NOI	DISEASE OR CONDITION DIRICATION OF THE CONDITION DIRICATION OF THE CONDITION DIRICATION OF THE CONDITION OF THE CONDITIONS OF THE CONDITIONS, IF AN	ing, e. g., (A)	orary occl		NTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.	(C) Rule	moraly Tei	flushur	
CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED ACCURATE	-Heat Prostro	how of Seriel	L.
	19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Y					YES NO
MEDICA		1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., e		in Baltimore City, give e	exact location)
-	21D. TIME (Month) (Day) (Year) (Hot		21F, HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attended deceased alive on 11,1024, 19	and that death occur		the causes and on the do	

24A. BURIAL. CREMA-TION REMOVAL (Specify) Burial June 30 1952

REGISTRAR'S SIGNATURE

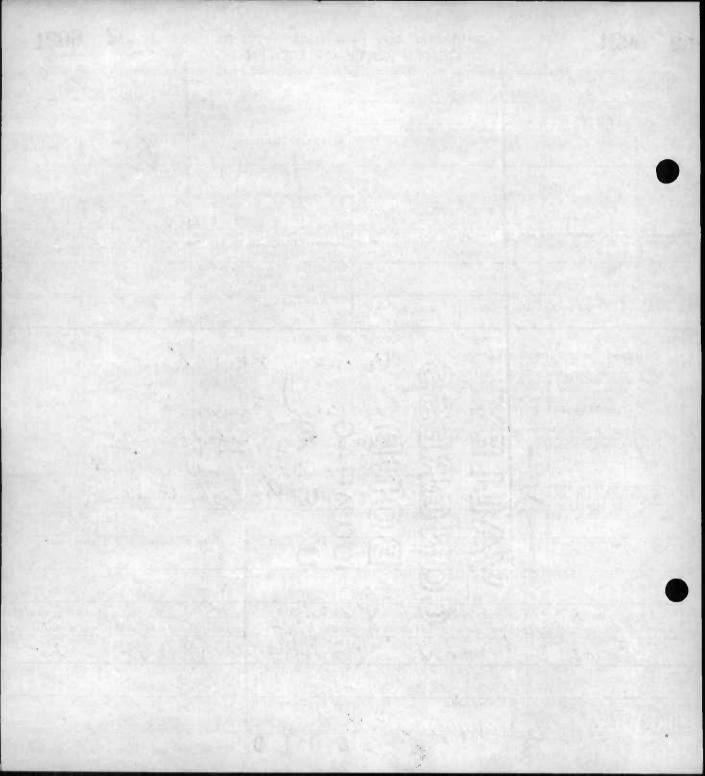
Baltimore Cemetery Ba Baltimore

ADDRESS

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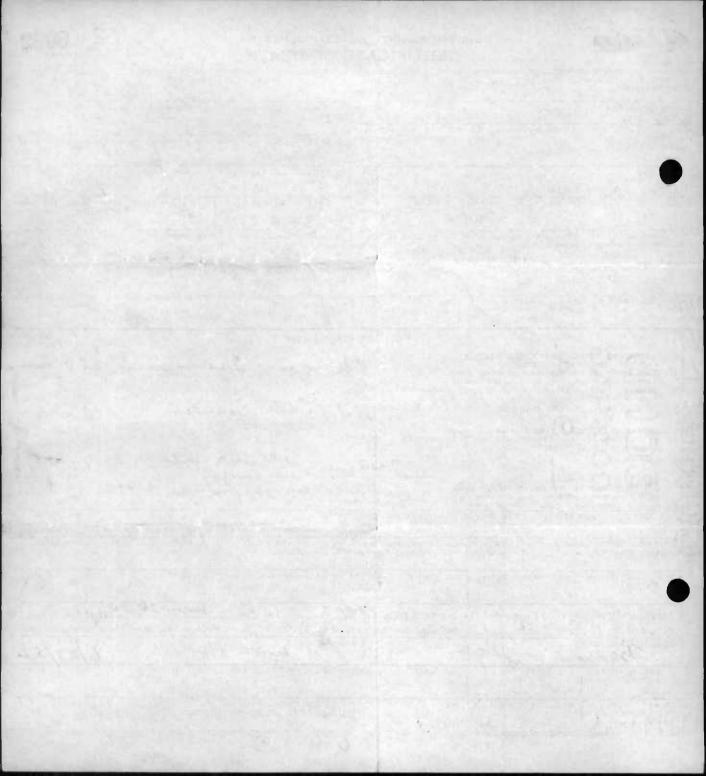
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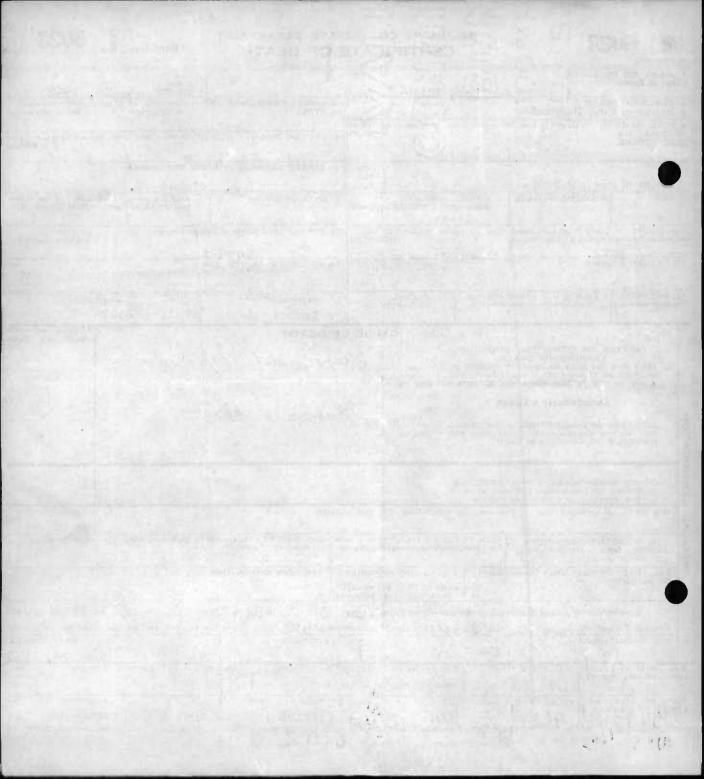
Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Luther J Thomas OF Hune 26 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY 3726 Frankford Ave before admission) Md B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits write Elical, and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 2224 E Lanvale c. Length of stay in Baltimore Davs last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE un veur WIDGWED, DIVORCED (Specify) Sept 3 1876 TOX USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Watchman Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Don't Know Don't Know 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If you, give war or dates of service) (Yes, no or unknown) SECURITY NO. Mrs Ida M Weis 408 S Marlyn Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Broncho - Proum onic LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. generalized metas tises to liver OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY2 EDICA 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home farm factory street office hidg. etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from May 1 , 195 2 to 195 that I last saw the deceased alive on Jame 24, 1952, and that death occurred at 9 6 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE la colon 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Buriel Cemeter Director timore Address Ullrich Funeral Home 2004 Orleans DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150



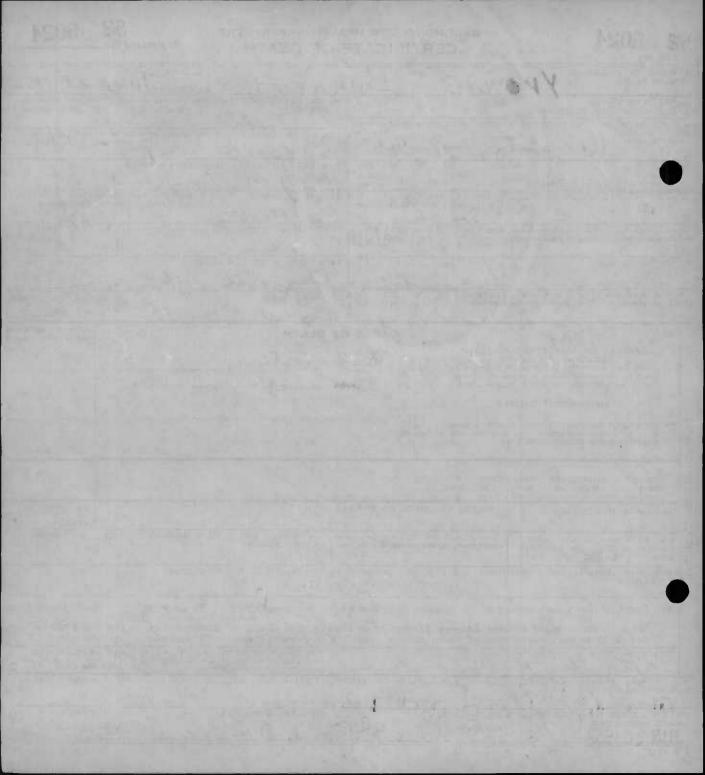
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Segistered No. 6023

		NIII VA		CERTIFICA	A I E	OF DEATI	H	Registered	1 NO		
_	TH NO.										
1. I (Ty	NAME OF E pe or Print)		derlich	Maude May				2. DATE OF DEATH June	26.	1952	
	PLACE OF D	EATH:		9		4. USUAL RESIDE	ENCE (W	here deceased lived.		ution : resi	
		City, Maryland	al an in atitut			A. STATE		B. COUNTY		before a	
HO	TOUDDING	OF (II not in nospit	ai or institut	ion, give street addres locat	* \	CITY OR TOWN	laryla (lf	nd outside corporate lin	mits, wri	ite RURAL	and give
	41	St.	Joseph	¹ S		F	Baltim	ore	-	00	
	4			Y		STREET ADDRE	ESS (If r	ural, give location		-	177
C. 1	ength of s	tay in Baltimore			os.	7	7 S. P	otomac St.			
5. \$	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	ecify) 8	DATE OF BIRTH		9. AGE (in years last birthday)			der 24 Hours
	F	W	wide	- 1 - 1		December6 J	1895	56		200	200
		CUPATION (Give kind of		OF BUSINESS OF	7 1	1. BIRTHPLACE (S		reign country)	12.	CITIZEN	OF
work d		of working life, even if retired)		INDUS.	TRY	HEREN W.		O LOVE		WHAT CO	UNTRY
13.	FATHER'S	VÍC	Own h	ome			aryla				
	· ATTIEN O	*AME				4. MOTHER'S MA		ME			
107	illiam	Scidenstricke	r			May Conii	ff				
15. (Yes.	mo or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	1	7. INFORMANT			ADDRI	ESS	
(SECURITIN	Mr.	s Dorothy 1	Lapagl	ia 410 Den	ison	St	
T	18. 1/04			CALLO						NTERVAL	BETWEEN
	406			CAUS	OF OF	DEATH			d	DNSET AN	DEATH
	DISEAS	SE OR CONDITION LEADING TO DEAT	DIRECTLY	(tr.	/	b.	1/2 .1.			
	(This does	not mean the mode of	f dying, e. s	(A)	vue	7 ottalell	04	racesan		******	
	injury or	re, asthenia, etc. It mea complication which o	ns the diseas aused death	e, .) DUE TO	- 1		0	E-15000			
_		ANTECEDENT CAUS	ES		Ma	10 acces 12	· olin	IN.			
Z	DISEASE	S OR CONDITIONS, I	FANY GIVIN	(B)	200	enay v	com			***************************************	
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO							
X	UNDERL	TING CONDITION LA	ST.	(C)		***************************************		****			
E -											
ERTIFICATION	OTHER C	II CONDI	T10110								
E I	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	0							
U		ISEASE OR CONDITION							l.		
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF O	PERAT	TON				20. AUT	DPSY?
Y -										YES X	NO L
EDICA	21A. ACCIE LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. erm, factory, street, office b			R? (If	in Baltimore City	, give e	exact locat	ion)
Σ -	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCL	RRED	21F. HOW DID	INJURY	OCCUR?			
	OF INJURY			WHILE AT NOT WE	HILE						
			m.	WORK AT WO	RK L						
	22. I hereb	y certify that I att	ended the	deceased from J	une	13 , 1952	2 to Jun	ie 26 , 19	52, the	at I last	saw th
	deceased a	live on June 26	1952	and that death or	ccurre						
	23A. SIGNA		1	(. ADDRESS	, ,			C. DATE	
		11/102	the	/9 - M. O.			7 *	CT	7	26	7000
244	. BURIAL.	CREMA- 24B. DATE	/ 1/	4c. NAME of CEM		OR CREMATORY			vn, or co	unty)	(State)
TION	REMOVAL (S Burial	June 30	V/	Baltimore (_			imore			,,
DA'	TE RECEIVE					5. FUNERAL DIRI	ECTOR		ADI	DRESS	
	JUN 30		rator 1	Villiams M		Ullrich Fur		Home 2004			
	VS 150		A E.		1	0 2 0					



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BALTIMORE CITY	HEALTH DEPARTMENT	52 6024
	TE OF DEATH	Registered No.
1. NAME OF DECEASED		2. DATE
(Type or Print)	URNETT	OF JUNE 28, 1952
3. PLACE OF DEATH:		re deceased lived, If institution: residence B. COUNTY before admission)
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address	A. STATE BOLT	B. COUNTY Before admission)
HOSPITAL OR INSTITUTION I location		tside corporate limit, write RURAL and give
University Hospital	Bell	9 - O (township)
Yr Mo		ral, give location)
11 0 1 1 D 111	1 537 N V	ment st
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	oify) 8. DATE OF BIRTH	last birthday) Months Days Hours Min.
t C Snigh	2/14/52	- 414
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR vork done during most of working life, even if retired)		ign country) 12, CITIZEN OF WHAT COUNTRY?
me In	Balto	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E .
Samuel Burnett	Migabeth	McLau
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO	. 17. INFORMANT	ADDRESS
	Demul Bur	mett. " H. Vineyer
18. 49/X , CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 1 7	
(This does not mean the mode of dying, e. g., (A)	unidiation	***************************************
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Janchognen	nomia
ANTECEDENT CAUSES	0	
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
11		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	DEBATION	20. AUTOPSY?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION	YES NO P
218. PLACE OF INJURY (c.		in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bluting CAUSE OF DEATH.	ldg.,etc.) INJURY OCCUR?	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY	OCCUR?
OF INJURY WHILE AT NOT WH	IILE T	
m. work AT WOR		thousand from
22. I certify that I took charge of the remains describe	Autopsy, Ins	pection or I figury
the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural cau	or Inquiry, find that said deco	cased died on the day stated above, 1 homicide \square undetermined \square
23A. SIGNATURE	23B. CHIEF MEDICAL EX	
Ktanley N. Denluchen	ASSISTANT MEDICAL EX	
		ATION (City, town, or county) (State)
Burge 7/2/5-2 2nt.	aulum	13 ult
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
IIIN 301952 Tuntington Valiables	Mandy & male	140, 638 n. Jehne
V S 151	/	

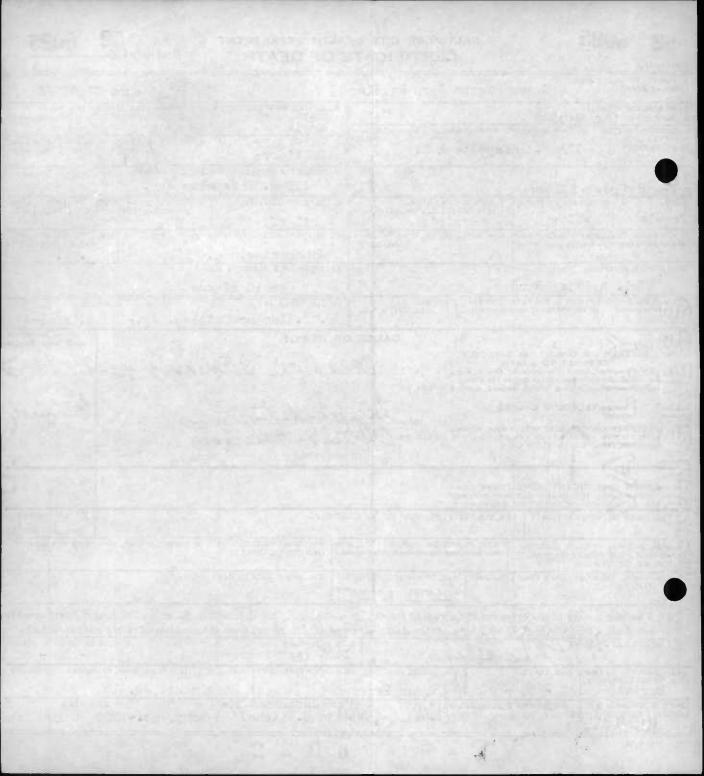


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BALTIMORE CITY HEALTH DEPARTMENT

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	36 0	0130		CERTIFIC	ATE	E OF DEATH	Re	egistered No		0023
_	RTH NO.					_ 01				
	NAME OF D	Susan Susan	Rivers	Byrd Ship	pley		2. DAT OF DEAT	TH June		1952
Α,		City, Maryland				4. USUAL RESIDE	в. (COUNTY	stitutio be	on : residence efore admission)
HC	SPITAL OR STITUTION	of (If not in hospital)			iress or cation)	Maryland c. CITY OR TOWN Baltimore		proprite imits,	write R	township)
c.	Length of s	tay in Baltimore		50	Yrs. Mos. Days	1.1	Lafayette I	Ave.		
	sex emale	6.COLOR OR RACE	7. SINGLE WIDOW MALTI	MARRIED. ED, DIVORCED 10d	(Specify)	April 27,			nder I Year ths: Day	r If Under 24 Kours ys Hours Min.
vork	NONE TO STATE OF THE PROPERTY	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS IND	OR USTRY	Winches ter	tate or foreign cou	ntry) 1	WH	IZEN OF AT COUNTRY S.
		William Byrd					Rivers			
15 (Yes		ED EVER IN U. S. ARMET		16. SOCIAL SECURITY	NO.	17. INFORMANT			DRESS	
`						Mr. J. Leste	er Shipley	, Jr118		Lafayette
To Disease or Condition Directly LEADING TO DEATH (This does not mean the mode of dying, e. g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CURBELLY DEATH (A) DUE TO DUE TO (B) DUE TO (C)								4	relead	
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	.D						
ار	19A. DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF	OPER	RATION			20 YE	AUTOPSY7
MEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about bome,	ACE OF INJURY farm, factory, street, off	(e.g., i fice bldg.,	etc.) 21c. WHERE D		timore City, gi	ve exac	et location)
2	2 ID. TIME F INJURY	(Month) (Day) (Year)			T WHILE		MUURY OCCUP	₹?		
	22. I herel	y certify that I att	tended the	deceased from	n occur	red dt /0 A m.	from the cause	28, 1951,	that .e date	I last saw the
	23A. SIGNA		oode	1 M	. D.	1403 Park Ave	enue		23c.	30 - 52
24 TIC	burial	CREMA: 24B. DATE Specify) 6 - 30		Loudon P		ERY OR CREMATORY	Baltimor	e, Md.		
	ATE RECEIVE		8 SIGNATI	Wolliams	-, M	Shn O.Mitche			ADDR 00 E	



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BALTIMORE CITY HEALTH DEPARTMENT

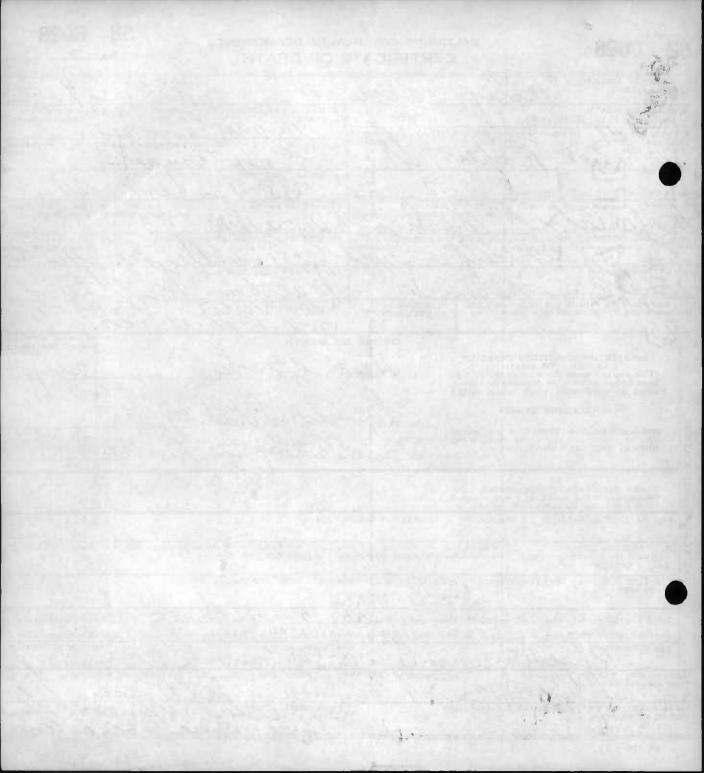
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	DIE NO	busi)		CERTIFICAT	E OF DEATH	-	Registered No.	
BI	RTH NO.								
	NAME O	nt) P	1	MRS &	Emma Vi	Rainia		OF EATH ONE	27.1952
Α.	Baltimo	re City,	Maryland C	AITIM	ore md -	4. USUAL RESIDE	NCE (Where d		
HC	FULL NA SPITAL STITUTIO	OR	(If not in hospita	ıl or institutio	on, give street address of location	c. CITY OR TOWN		e corporate limits w	rite RURAL and give township)
Y	ne	for	ncurab	les - 70		D. STREET ADDRE		give location)	0
70.0	Length	of stay i	n Baltimore	Lif	Yrs. Mos. Days		.55 (II Turat,	give loca won)	
5.	SEX	6.C	OLOR OR RACE	WIDOWE	MARRIED, ED, DIVORCED (Specify	1777	9. A	GE (In years of Under st birthday) Months	1 l Year If Under 24 Hours Days Hours Min.
10	A. USUAL	OCCUP	ATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign	1 - 1	CITIZEN OF
WOLK	-	most of work	ing life, even if retired)	no	ndusiki	Baltimon	e Md		U.S.A
13	FATHER	R'S NAME	0		7.75	14. MOTHER'S MA	IDEN NAME		
15		PRY	DAET ER IN U. S. ARMED	JER	16. SOCIAL	Louis	e 101	Riegel	
	, no or unki	nown) (I	yes, give war or date	of service)	SECURITY NO.	S. E. Too	n-257	8 Edmi	/ 41
		-4				3.0	-, -, -,		
	, ,	20.0	1		CAUSE	OF DEATH			INTERVAL BETWEEN
		LEA	R CONDITION DING TO DEAT	TH	ante	and least	- 1 lo = 5	T. Durane	2 Maral
	heart	failure, as	mean the mode o thenia, etc. It mea	ns the disease	C-1	0.000	(27		2 1/ warz
	injury		olication which c) DUE TO WO		outse	- Long Cary	3/2 9
z			ECEDENT CAUS		(B)		***************************************	••••	
TION	RISE	TO THE A	CONDITIONS, II BOVE CAUSE (A) CONDITION LA	STATING THE					
CA	OND	EKLIING	CONDITION	31.	(C)				
L					91.4.	Jan 11 6 11	100/-		10 Wars
CERTI			FICANT CONDI			Continue de	-	+1014	
CE	TO TI	TING TO	THE DEATH, BUT	CAUSING IT		Constitution of	Cololina	- Ungu	gyear.
AL	19A. DA	TE OF O	PERATION	9в. MAJOR —	FINDINGS OF OPE	RATION	- Mass		YES NO
EDICAL	LYING	OR CO	WAS UNDER-		CE OF INJURY (e. g., arm, factory, street, office bldg.			Baltimore City, give	exact location)
Σ	ID. TI		th) (Day) (Year)	(Hour) 2	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCC	CUR?	
L	ונאו	JRY		m. W	WORK NOT WHITE				
			rtify that I att	ended the	deceased from 3				hat I last saw the
			on June 27	_, 19 <u>5</u> c	and that death occi		, from the ca		date stated above.
	23A. SI	STATURE Visa	then Her	spera	M. D.	23B. ADDRESS	e art 1	3 milding	428 SY
24	AA. BURI	AL. CREN	A- 24B. DATE	1 02	4c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCAT	ION (City, town, or	dounty) (State)
111	buria		6 - 30 -	- 52	Woodlawn			n, Maryland	
D	ATE REC	EIVED BY	REGISTRAR	SSIGNATU	K/11. 145	25. FUNERAL DIR			DDRESS
	JUN'S	30195	2 June	nglon	Vollacus, Mi	sohn O.Mite	7/1.7	0119, 1110, 19	00 Eutaw Pl.

53	ン 6027
BIRTH	NO.

Registered No. 6027

- 60	IKIH NO.								
1.	NAME OF DEC Type or Print)	MARY	E.Vo	u m. T s		2	OF DEATH	- 27.	-5-
	. PLACE OF DEA Baltimore Cit		1		4. USUAL RESI	DENCE (When			: residence
В.	FULL NAME O		oital or institution	n, give street address		la	0	1)	1
11	OSPITAL OR	1		location	c. CITY OR TOW	N (lf out	side corporate limi	ts write RU	RAL and give township)
	40	hulhe	ran	MOSP.		SAL	1,00	rel.	
1				Yrs. Mos.	D. STREET ADD	RESS (If rura	l, give location)		1 110
_		y in Baltimore		Days	7 4 8 0		urella	4 /	FNG
D	SEX	COLOR OR RAC		MARRIED, ED, DIVORCED (Specif	B. DATE OF BIR	1889	AGE (In years last birthday) M	if Under 1 Year onths Days	If Under 24 Nours Hours Min.
10	A, USUAL OCCI	UPATION (Give kind rorking life, even if retire	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign	n country	12. CITIZ	EN OF
	17. 117.	oraing me, even n retire	Mille	Some	N.	C.		WHA	T COUNTRY?
13	3. FATHER'S NA	MY	man,		14. MOTHER'S M	AIDEN NAME			
	Much	pless			Insp	naus	~		
15	S. WAS DECEASED	EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT		1 /2	DDRESS	7
(24	es, no or nnknown)	(If yes, give war or da	tes of service)	SECURITY NO.	Mrs. Ine	2 herr	+709 h	mdi	week St.
	18. 4.20.	I and	260X	CAUSE	OF DEATH		//		VAL BETWEEN
		OR CONDITION			1 11 1		0		
	(This does r	not mean the mode	of dying, e. g.	, (A)	<u> </u>	Σ	***************************************		
	injury or c	, asthenia, etc. It m omplication which	caused death.) DUE TO					
	A	NTECEDENT CA	ISFS		1170	1 10		- 100	
Z				(B)	HICU		*************************		
은		OR CONDITIONS							
Y	UNDERLYII	NG CONDITION	LAST.			1			
F				(c) My	card. 1	nFAR	(1)		
F	OTHER SIG	II SNIFICANT CON	DITIONS CON	-	, +-		18		•••••••••••••••••••••••••••••••••••••••
CEI	TRIBUTING "	TO THE DEATH, BU	T NOT RELATE		abeles	Me	21/1/4	1	
	19A. DATE OF		19B. MAJOR		RATION			20.	AUTOPSY?
CAL								YES	ON O
3	21A. ACCIDEN HOMICIDE	T. SUICIDE. (Specify)		CE OF INJURY (e. g., rm, factory, street, office bldg			Baltimore City,	give exact	location)
VE.	110,1110,120	(2)	420000000000000000000000000000000000000	III, actor 1, sarees, omee mas	, sac., mook i occ	OK1			
-	21D. TIME (M	onth) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCUR	RED 21F. HOW DI	D INJURY O	CCUR?		
	I MOOK!			HILE AT NOT WHILL					
	22 I haraha	certify that I a		-		2 10 6	->) , 195	Dint T	Igot ogan the
		e on 6 - 17		nd that death occi					
	23A, SIGNATU		0 4	na that death occi	23B. ADDRESS	co, promotice	aubob and on t		TE SIGNED
	Man	und.	hanh	M. D.	tull	1 /4	OSP	6-	27
2	AA BURIAL, CR	EMA- 248. DATE	/ 2	4c. NAME OF CEMET	ERY OR CREMATOR	24D. LOCA	TION (City, town	, or county)	(State)
1	SIATIA	26 6/30	5/52	Lava	me U.J	4 /10	rolla	won	- Mel
	ATE RECEIVED		R'S SIGNATUR	RE,	25. FUNERAL DI	RECTOR	11	ADDRES	
Jan (OCAL REGISTRA	Hunt	naton 1	Miarus Mis	Hannes	////	2/10,411	1/ant	moulso
-	JUNE 3 0 19	52	0	- 11 C	a la	- Marin	70,110		The state of the
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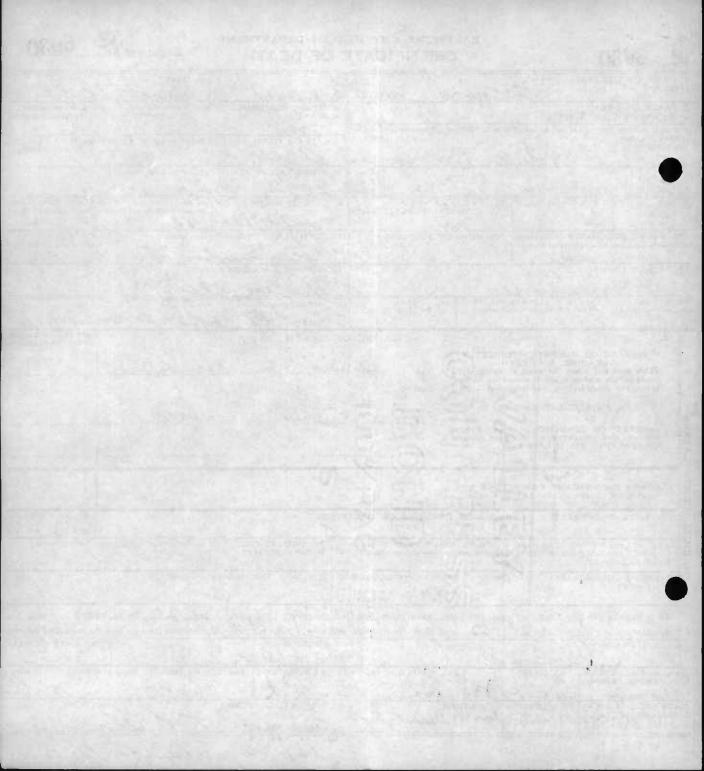
CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Augusta B. Blei DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) 1101 Steelton Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1101 Steelton Ave. Days B. DATE OF BIRTH 1877 9. AGE (In years last birthday) Months Days 74 76 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hoursi Min. Aug. 21, 1875 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME not known not known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Anna Klingelhofer 1132 Dundalk Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO arleis selles UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! , 1932, to 6 - 87, 1932 that I last saw the 22. I hereby certify that I attended the deceased from-32Am., from the causes and on the date stated above. 19____, and that death occurred at L deccased alive on_ 23p-ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Nd. Burial Baltimore Oak Lawn DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

650 524TH NO.030	BALTIMORE CITY HE CERTIFICATE		Registered No.	6030
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:	min J. A	aham) 4. USUAL RESIDENCE (W)		
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION) 2042	institution, give street address or location) Out of the land of	Balto.	B. COUNTY outside corporate limit, wr ural, give location)	before admission) ite BURAL and give pwnship)
10A. USUAL OCCUPATION (Givekinde) 10B	Mos. Days SINGLE, MARRIED. VIDOWED, DIVORCED (Specify) L. KIND OF BUSINESS OR	8. DATE OF BIRTH May 30-1886 11. BURTHPLACE (State or for	9. AGE (in years last birthday) Months	
13. FATHER'S NAME	INDUSTRY	14. MOTHER'S MAIDEN NA	-, Va 1	WHAT COUNTRY?
15. WAS DECEASED EVER N U, S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	SECURITY NO.	Thanlotte Lu	an - Joys Os	ESS Puffor ar INTERVAL BETWEEN
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ng, e. g., (A) Sol disease, death.) DUE TO	tiple scler	ssis	ONSET AND DEATH
	RELATED	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21	IB. PLACE OF INJURY (e. g., ir at home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, give	YES NO X
F INJURY (Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended deceased alive on 28, 19, 23A. SIGNATURE	sell M.D.	red att. 30 a.m., from th 38. ADDRESS		ate stated above. 3c. DATE SIGNED -28-52
DATE RECEIVED BY REGISTRAR'S SIN	22 Action of CEMETE. S2 Action of CEMETE. S2 Action of CEMETE. S2 Action of CEMETE. S2 Action of CEMETE.	25. FUNERAL DIRECTOR	Bults.	DRESS TO STATE OF THE STATE OF
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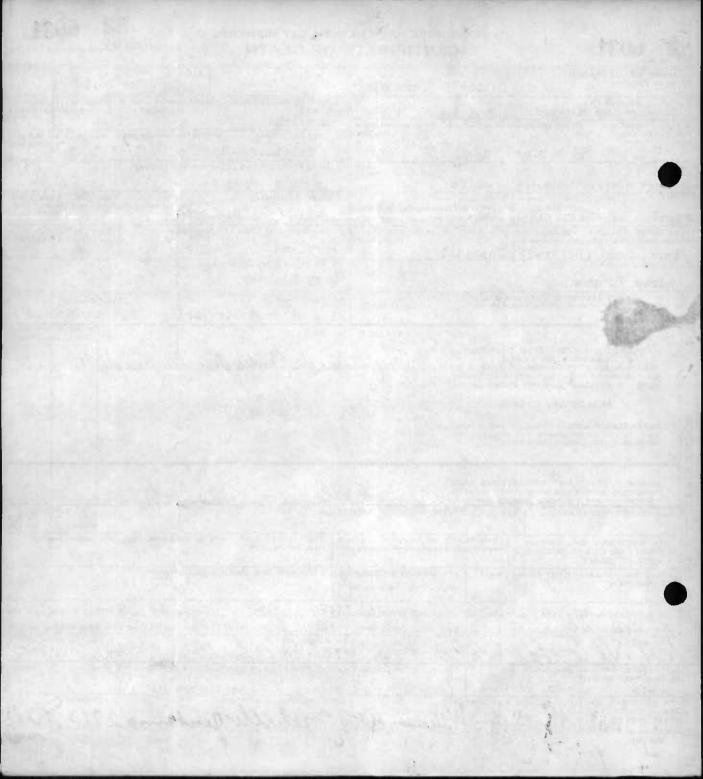


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BIRTH	1 NO).	

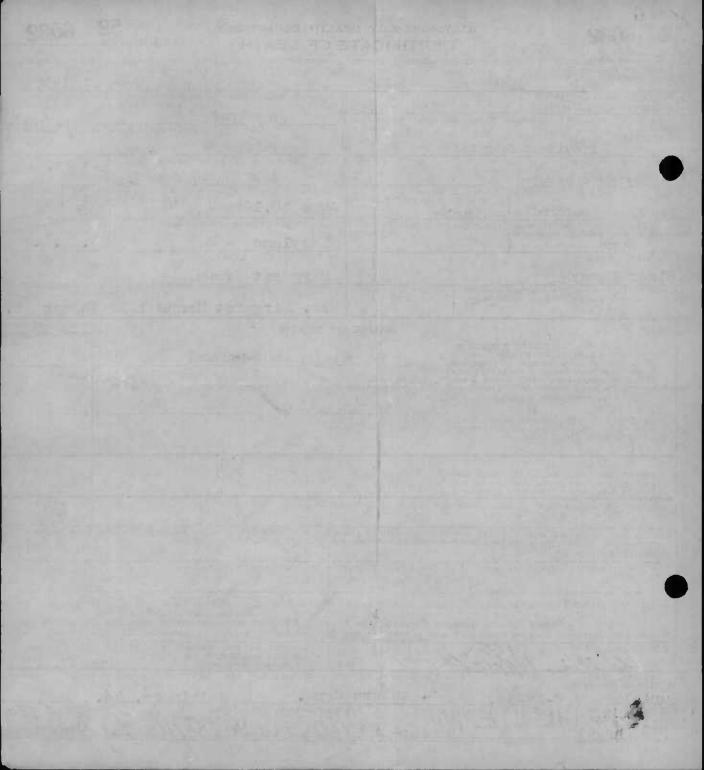
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

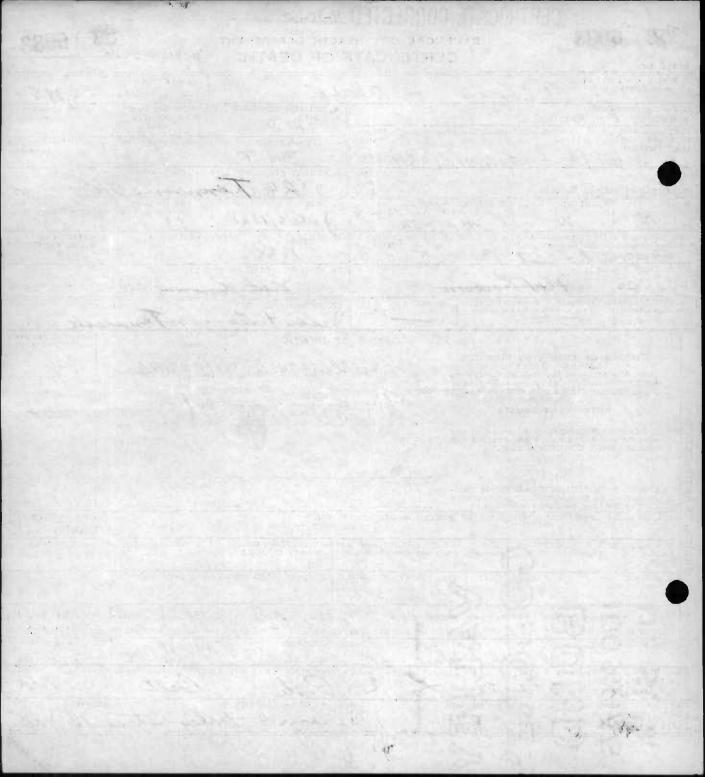
Registered No. 1. NAME OF DECEASED 2. DATE OF June 26, 1952 (Type or Print) Lettie I Shannon 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Baltimore City Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RERAL and give INSTITUTION (township) 2834 harford Rd Baltimore City D. STREET ADDRESS (If rural, give location Vra Mos. Life c. bength of stay in Baltimore 2834 Harford Rd Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. SINGLE (Specify) Female White December 25, 1875 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY ork done during most of working life, even if retired) INDUSTRY Maryland Stare Room (Retired) Mospital 14. MOTHER'S MAIDEN NAME Mary Blakney Andrew Shannon 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or waknown) (If yes, give war or dates of service) SECURITY NO. Miss Mildred Strawbridge 2834 Harford Rd INTERVAL BETWEEN CAUSE OF DEATH 1443 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cardis-Vascular desesso LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 20. AUTOPS EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK kine 26, 1952 that I last saw the 22. I hereby certify that I attended the deceased from Land deceased alive on freel 25, 1952, and that death occurred at II & m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A EUGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) 24B. DATE TION, REMOVAL (Specify, Baltimore Md Loudon Park Cemetery June 30 1952 Burial ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



100	82°60		BAI	TIMORE CITY HE	ALTH D	EPARTMENT	Registere	52 d No	60	032
		2-13/03								
1. NAME OF DECEASED (Type or Print) DEMAY MANING				2. DATE OF JUNE 27, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR										
					The state of the s					
1 1	NSTITUTION			location)	c. CITY C	R TOWN (If	outside corporate	mits, we	t RUR	
	20	Provident H	ospital							
IB	- 17 C			Mos.	D. STREE					
	S. SEX	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE C			If Under	1 Year	If Under 24 Hours
	WIDOWED, DIVORCED (Specify)				June	18,1952				fours Min.
	OA. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTH	PLACE (State or fo	oreign country)			
	Nor			INDOSTRI	Mary	land		95.40		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					4 - 1	
	Elmer N				Marg	aret Bro	wn			10
	5. WAS DECEAS es. no or unknown)			16. SOCIAL SECURITY NO.	MANNS A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission location l					
-					Mrs.	Margafet	Manns 16	20 T	homa	s Av.
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES							ONSE	AND BEAT	
RT	OTHER S	G TO THE DEATH, BUT	NOT RELATE	ED						
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EDIC.	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	ATTION Give kinded to the control of							
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE	ED 2 IF. H	OW DID INJURY	Y OCCUR?		1	
	22. I certi	fy that I took char	ge of the	remains described a	bove, held				ereon	and from
	the evand de	idence obtained by eath in my opinion	said Auto	opsy, Inspection or I from: <u>natural causes</u>	nquiry, fi	nd that said d	eceased died on	the do	ay star termin	ted above ed □.
_	23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER						June	e 27.	1952	
Ť	AA. BURIAL.					7A10KT 240. L		7.6.3	any)	(State)
-	Burial DATE RECEIVE					RAL DIRECTOR	Itimore.	IIId.	DRESS	510
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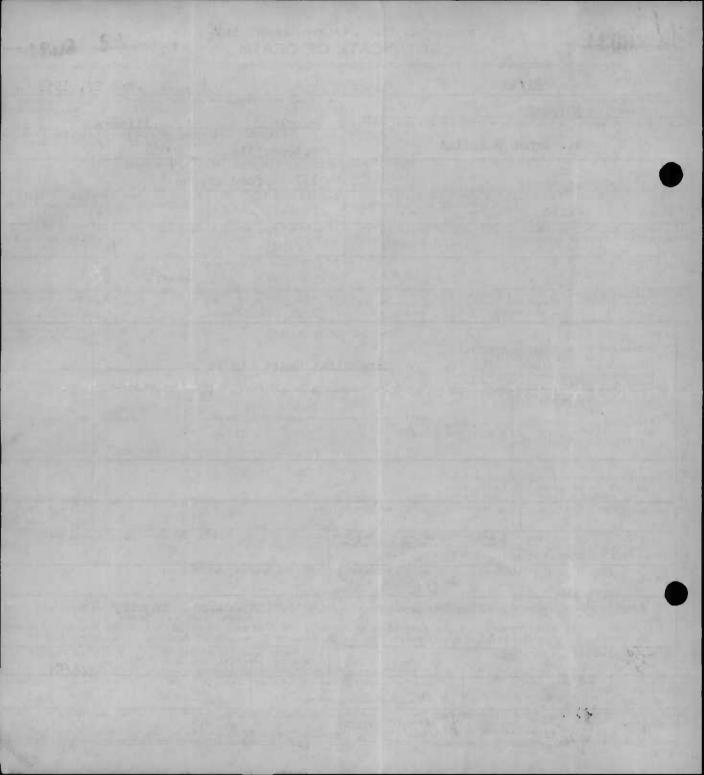


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF (FEDRGE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 'township) SISTERSOF PUORHOME D. STREET ADDRESS (If rural, give location) Yrs. Mos. musse Overacement c. Length of stay in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) WIDONER M. BIRTAPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Doellomaker 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Atkin Ogle Mary Jane Musgrove 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I aftended the deceased from May 30 June 2. 6. 1952 that I last saw the 1912, to_ , and that death occurred at 6-45 Am., from the causes and on the date stated above. deceased alive on June 25 1957 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Berigh ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR JUN 3 11952 VS 150



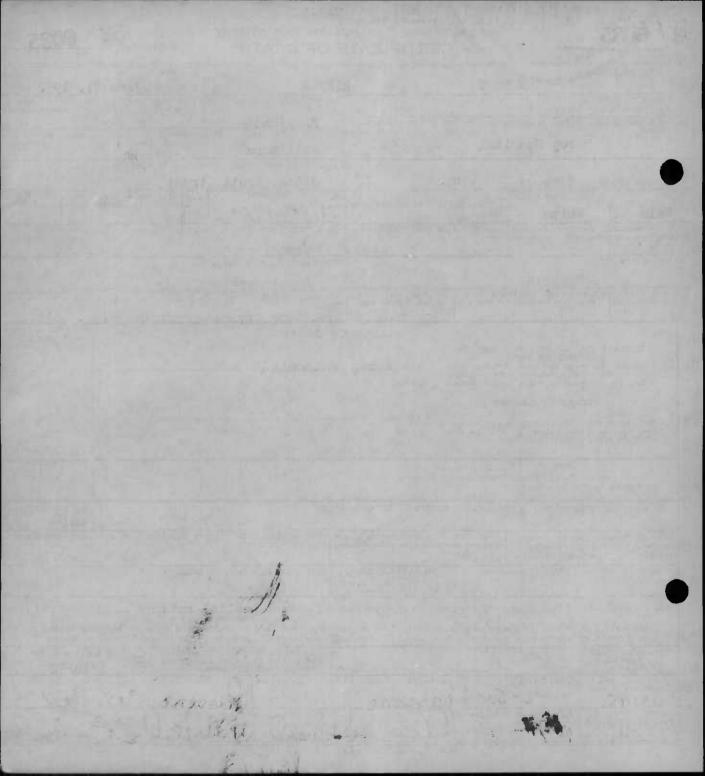
6034 11-19729 BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF 2. DATE (Type or Print) OF BRYAN \mathcal{R} . GILBERT June 27, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland Baltimore HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Agnes Hospital township) Catonsville D. STREET ADDRESS (If rural, give location) Yrs. ngth of stay in Baltimore 157 Sanford Avenue Days 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male AUG. 21, 1951 White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otho E. GILBERT PLUMMER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... Congenital Heart Disease ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. 24A. BURIAL, CREMA 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify Weepie DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ERNEST SHOOMS June 27, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give boation) Yrs. Mos. Wirs. ength of stay in Baltimore 426 E. Pratt Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) if Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male White IOA. USUAL OCCUPATION (Give kind of) BIRTHPLACE (State or foreign country 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EUNST. Biffle nathleen Shannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ...Lohar ... Pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses X, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. 6/28/52 MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 245 NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 202016 256 DDRESS 25. FUNERAL DIRECTOR RECEIVED BY REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT

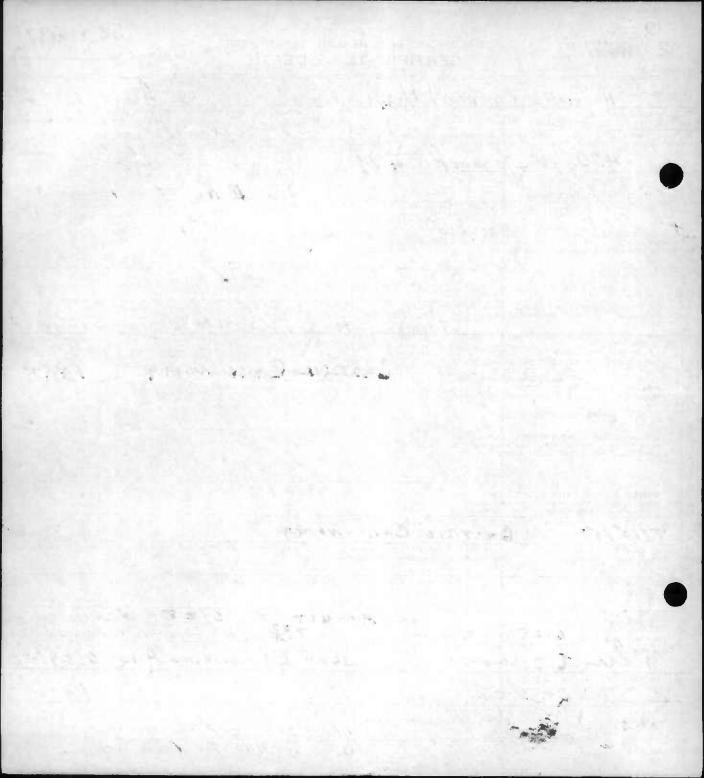
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GEORBE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City. Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL, and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. -Mos. c. Length of stay in Baltimore. Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. AGE (In years | if Under | Year | if Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) ocura 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mercell 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Plus, INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ar disease of heart ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Selerusis UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from June 25,, 1952 to June 2 . 1932 that I last saw the deceased alive on Heme 26, 1953, and that death occurred at 12:25 f.m., from the causes and on the date stated above. 23A.ISIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL CREMA-24C NAN DATE RECEIVED BY JUN 301952

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COL before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR outside corporate lin write RURAL and give INSTITUTION township) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX If Under I Year H Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED. last birthday) Months: Days Hours! Min. WIDOWED, DAVORCED (Specify 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes. no or unknown) INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY GROTICIA CARRINOMA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS_OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 8/13/51 CARCINDINE 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE! 22. I hereby eertify that I attended the deceased from August, 1937, to 6/ , 192 Zthat I last saw the deceased give on 6/28 199 Zand that death occurred at 7 m., from the causes and on the date stated above. 23 ... CHENYTURE TION REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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52 6038 Registered No.

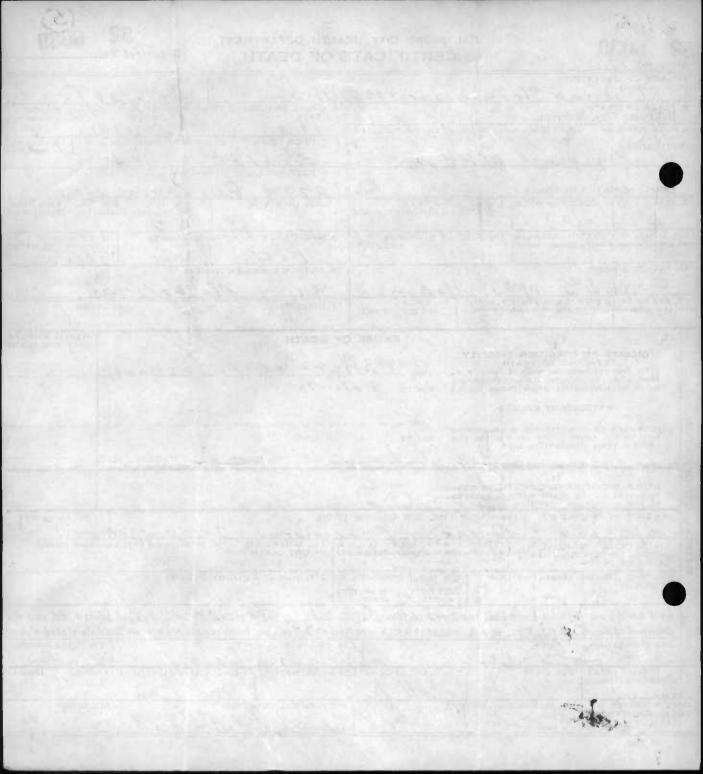
BIRTH NO.		O. 22.(
1. NAME OF DECEASED (Type or Print) Catherine S.	Millar		2. DATE OF DEATH JU	me 28,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	2 11 1 -			ts, write RURAS and give township)
c. Length of stay in Baltimore	Mos. Days	o. STREET ADDRESS (If 1719 St. Paul		
Female White 7. SINGLE, MARRIET WIDOWED, DIVOR Single	CED (Specify)	April 11, 1858	last birthday) M	If Under 1 Year onths Days Hours Min.
10a. USUAL OCCUPATION (Glvekindof ork done during most of working life, even if retired) At Home	NESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Alexander Hamilton Millar		Patty Ayres	2 4 4 5 5 W	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECU	IDITY NO	r. Fred G. Royce		DDRESS Trust Co
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	CAUSE O	selevis (Ceremina) Achorin (Ceremina)	ul) ulul)	INTERVAL BETWEEN ONSET AND DEATH 3 Lays 3 Muss
RISE TO THE ABOVE CAUSE (A) STATING THE OUE T UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS	S OF OPERA	TION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, st CAUSE OF DEATH	reet, office bldg., etc	.) INJURY OCCUR?	f in Baltimore City,	give exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	NOT WHILE			
22. I hereby certify that I attended the deceased deceased alive on the 18th, 1952, and that a 23A. SIGNATURE Collections	death occurr	ed at Sofm., from to B. ADDRESS S. B. Mill	he causes and on t	that I last saw the che date stated above. DATE SIGNED
Burial 6/30/52 Ba	ltimore	Y OR CREMATORY 240. LI Cemetery B 25. FUNERAL DIRECTOR	cation (city, town	
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE UN 301952	4- MOZ- (H. W. MILLY SON	n sork	Calvet St

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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	NAME OF E					2. DA			
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		City, Maryland			4. USUAL RESIDE	B.	COUNTY	hefe	re admission)
_	FULL NAME		al or instituti	on, give street address o			130	11.	emining)
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				Mos.	O. STREET ADDRE	SS (If rural, giv	e location)		
c.	Length of s	stay in Baltimore		Days	10030	8011	600	1 4/11	0
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work	done during most	of working life, even If retired)	TOB. KIND	INDUSTR		tate or foreign cot	intry)	12. CITIZ	COUNTRY?
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13	. FAIRERS	NAME			14. MOTHER'S MAI	IDEN NAME			
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9.00	WAS DESERT	740.17	- 41/	1161275	17019	17614	7-70	us	
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1	52 6040
	BIRTH NO.
	1. NAME OF DECEASE (Type or Print)
	3. PLACE OF DEATH:

BALTIMORE CITY HEALTH DEPARTMENT

52 6040

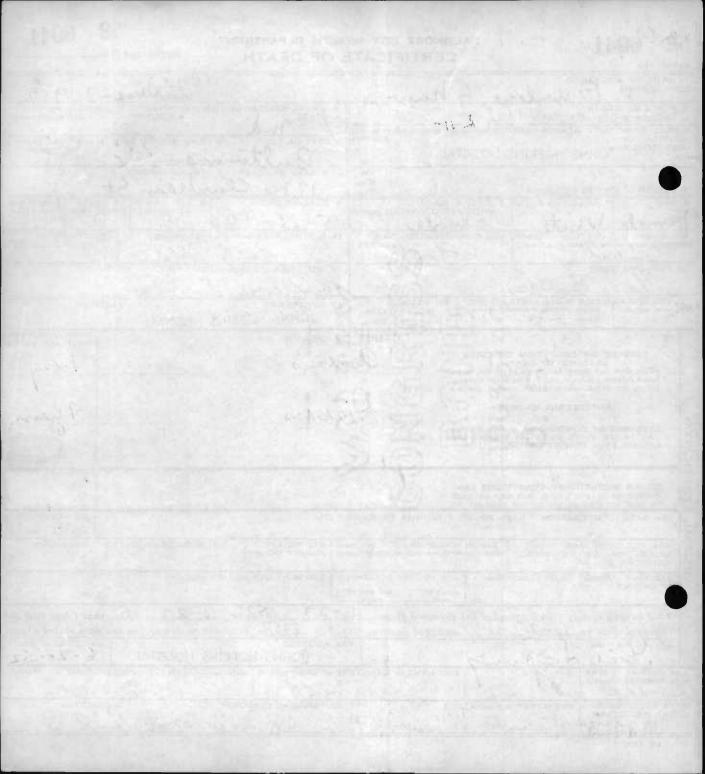
BIR	TH NO.			CER	HFICATI	E OF DEATH	Registere	u No.
	NAME OF D pe or Print)	ECEASED 7	Roy	5.	000	hen	2. DATE OF DEATH	27/52
A. I		City, Maryland			/	4. USUAL RESIDENCE		
HOS	ULL NAME SPITAL OR STITUTION	lo. In sep	Ro N	on, give s	street address or location)	c. CITY OR TOWN	(If outside corporate li	mits (write DORAL and give ownship)
5	enoth of s	tay in Baltimore		V	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	se st
5. S		6. COLOR OR RACE			Days IED. ORGED (Specify)	8. DATE OF BIRTH	// ///	If Under 1 Year II Under 24 Hours Months Days Hours Min.
		CUPATION (Give kind of working life, even if retired		OF BUS	INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	NAME Ahemes	Cook	7	TRUENING	14. MOTHER'S MAIDEN	NAME (2/22 Vac.	~ (
15. Yes,	WAS DECEASE no or unknown)	ED EVER IN U.S. ARM	ED FORCEST tes of service)	16. SO	CIAL CURITY NO.	17. INFORMANT	n 1329 Ho	ADDRESS (Brook st.
	18. 443 DISEAS	SE OR CONDITION	DIRECTLY		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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CERTIF	TRIBUTING	II IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	NOT RELATE	D				
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EDIC		ENT WAS UNDER. R CONTRIBUTING DEATH			NJURY (e.g., i		(If in Baltimore Cit	y, give exact location)
Σ -	21D. TIME	(Month) (Day) (Yea	* * * * * * * * * * * * * * * * * * * *	HILE AT	URY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	22. I hereb	y certify that I a	tended the	decease		Toku 10, 1950, to		that I last saw then the date stated above.
	23A. SIGNA		whom	- ina tha		3B. ADDRESS	1	23c. DATE SIGNED
24/ TIO	A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE Specify)	2	P.M	ME OF CEMETE	RY OR CREMATORY 245	Ballimore (wn, or county) (State)
	TE RECEIVE CAL REGIST		yton /	Miau	us, Miss	25. FUNERAL DIFFECTO	e 1217 St	Paul IT.
	VS 150	Siscesson .	03	For	683 5	21137		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6041
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Registered No. BIRTH NO. I. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write HULAL and give INSTITUTION JOHNS HOPKINS HOSPITAL C. CITY OR TOWN (vuship) (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify) 9. AGE (In years | M Under | Year | H Under 24 Hours | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR foreign country) 12. CITIZEN OF work done during groat of working life, even if retired) NDUSTRY WHAT COUNTRY? 13. FATHER'S NAME has. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. WOHNS HOPKINS HOSPITA no INTERVAL BETWEEN 18. CAUSE OF DEATH 260X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 6-27 6-27, 153, that I last saw the 22. I hereby certify that I attended the deceased from. 9 65 Pm. from the causes and on the date stated above. deceased alive on (0-2) 19 52 and that death occurred at_ 23A. FIGNATURE 23B. ADDRESS 23c. DATE SIGNED BOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR 24B. DATE TION REMOVAL (Specify Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150



6042 BIRTH NO.

CERTIFICATE CORRECTED 7-3-52

Registered No.

6042

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

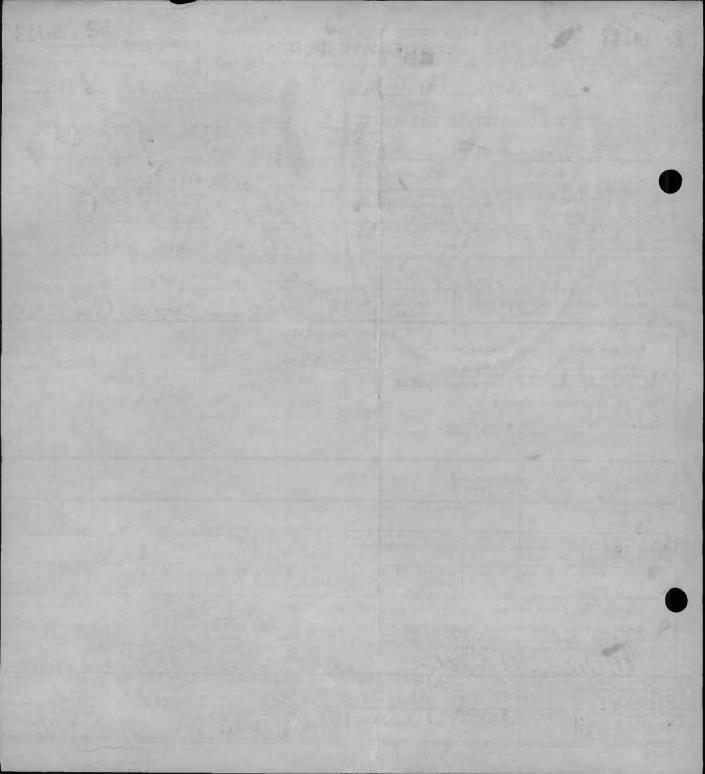
(3	NAME OF DE	ECEASED MARGAI	RET HA	RRIS		2. DATE OF DEATH JUNG 2	27 1052
	. PLACE OF DEATH: . Baltimore City, Maryland				4. USUAL RESIDENCE (
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		X
11	OSPITAL OR			location)	C. CITY OR TOWN (I	If outside corporate limits	
1	1) 818	Clintwood Co	ourt		Baltimore	1.5	township)
~	Ongth of st	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (I	-1 - 1 - 1 - 1 - 1	
	. SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED.	818 Clintwood C	9. AGE (in years)	Under 1 Year If Under 24 Hours
	Fomolo	177. 4.1		ED, DIVORCED (Specify)		last birthday) Mon	nths Days Hours Min.
10	Female	White CUPATION (Give kind of	Wide	OF BUSINESS OR	Apr. 18, 1885	67 (77)	10 61717511 05
or	k done during most o	f working life, even if retired)	TOB. KIND	INDUSTRY	II. BIRTHPLACE (Blace of	toreign country)	12. CITIZEN OF WHAT COUNTRY
_	Housewif		At hor	me	Pa.		
13	3. FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	
	William :				Isabelle Read		
1:	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT	AC	DRESS
•	No	(200) Baro mar or duso	e or service)	SECURITY NO.	Mrs Wm. Harris.8	10 (11-4	Variable
	18. 331	1 and 21	A V		OF DEATH	to otherwood c	INTERVAL BETWEEN
	0001	x wrigh a o	0 1	CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEAT		A	bro vosculor	A	- 1 lane
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. g		11- hosentos	19cc 1 www	0 7703
	injury or	complication which c	aused death	.) DUE TO			7
	m1	ANTECEDENT CAUS	EFC	4 ~			
7		ANTIGOLDEN CAGO	,	(8) 10777	rios clevo sis		
ō		OR CONDITIONS, II				4	******
7	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO			
Ü				(C)			
L		П					
2	OTHER SI	IGNIFICANT CONDI	TIONS CON	. 0. 1.9	7- 4- 11-1		
H	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	10000	es mellitus		
		Annual Control of the		FINDINGS OF OPER	the state of the s		20. AUTOPSY?
A		U					YES NO
ز	21A. ACCIDI	ENT WAS UNDER-	218. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, g	
ב	LYING OR	CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ			(II)	OAT THE PLANT OF THE PROPERTY	ED 21F. HOW DID INJUR	W 0001172	
	F INJURY	Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
1			m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I att	onded the	deceased from le	127 19576	6/27 157	that I last saw the
	deceased al	1-140	6.7	and that death occur		the causes and on th	
	23/05IGNAT				3B. ADDRESS	ine causes and on in	23C. DATE SIGNED
	7	11 10	ain	M. D.	263 1/20050	la	19/1 X/50
2	4A BURIAL C	REMA- 24B. DATE		24c. NAME OF CEMETE		LOCATION (City, town,	or county) (State)
TI	4A BURIAL, C	pecify)		L-40. ((((()))	245	200,11,1014 (01.0) 1011.11,1	(5000)
	Burial	7/1/52	2	Holy Cross	Anne	e Amundel Co.,	ADDRESS
DL	ATE RECEIVED	BY REGISTRAR	SSIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
Ī	JON 3.0.	19921 +	ton MI	Garage About	Wind Jok due	1217 St. 12	ul st
	VS 150		a shop	3 7 7	0 13 0 17	/	

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134	56043 RTH NO. 50-22486 BALTIMORE CITY H CERTIFICAT	EALTH DEPARTMENT 52 60 Registered No.	43
1	NAME OF DECEASED	I 2. DATE	
	vne or Print)	LIAMS OF June 26. 1952	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : reside A. STATE B. COUNTY before adm	ence nission)
	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location)		- 1 /
	University Hospital	C. CITTOR TOWN	wnship
	Yrs.	D. STREET ADDRESS (If rural, give location)	
C	ngth of stay in Baltimore Mos. Days		
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED (Specify) Female White Single		r 24 Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O WHAT COL	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Williams	Pauline Breech	
	. WAS DECEMBED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	st.
	18. 344 G. CAUSE	OF DEATH	ETWEE
	DISEASE OR CONDITION DIRECTLY	ONSET AND	DEAT
		ocephalus	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		•••••••
	ANTECEDENT CAUSES Anem	ia	
NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		**********
V	(C)		
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TD THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTO	PSY?
L		YES	NO _
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location, etc.) INJURY OCCUR?	on)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I certify that I took charge of the remains described		A from
		Autopsy, Inspection or Inquiry	
	and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated so A, accident , suicide , homicide , undetermined	□
		THE TOTAL TRANSPORTED TO A TOTAL TOT	1952
	AA. BURIAL. CHEMA- 248. DATE 240 JAME OF CEMET 240 JAME OF CEMET 240 JAME OF CEMET	ERY OF CREMATORY 24D. LOCATION (City, town, or county)	(State)
DL	ATE RECEIVED BY REGISTIAR'S CHENATURE WHITE WILLIAMS	PSFUNERAL DIRECTOR ADDRESS	4
1	JUN 30 1952 0 = 2 6-	14 2 Soft Me, 12/7 ST, Paul SI	/
[] V	S 151	1/	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6044
Registered No.

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary J. Buschmann DEATH June 27, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location \ INSTITUTION 671 Cliftview Ave. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1671 Cliftview Ave. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Female White Single Aug.16.1880 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Dressmaker, retired Ladies wear Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Buschmann Mary Yugo 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 2-01-2188 Mrs Harold McAllister, 3209 Beverly Road 18. HL ONSET AND DEATH on Ondis Vo we does DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 1940,19 22. I hereby certify that I attended the deceased from-, 19 2, that I last saw the Pm., from the causes and on the date stated above. was 2 19 5 hand that death occurred at 6 deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA 24B, DATE 24. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore Baltimore. Buria? DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR VS 150

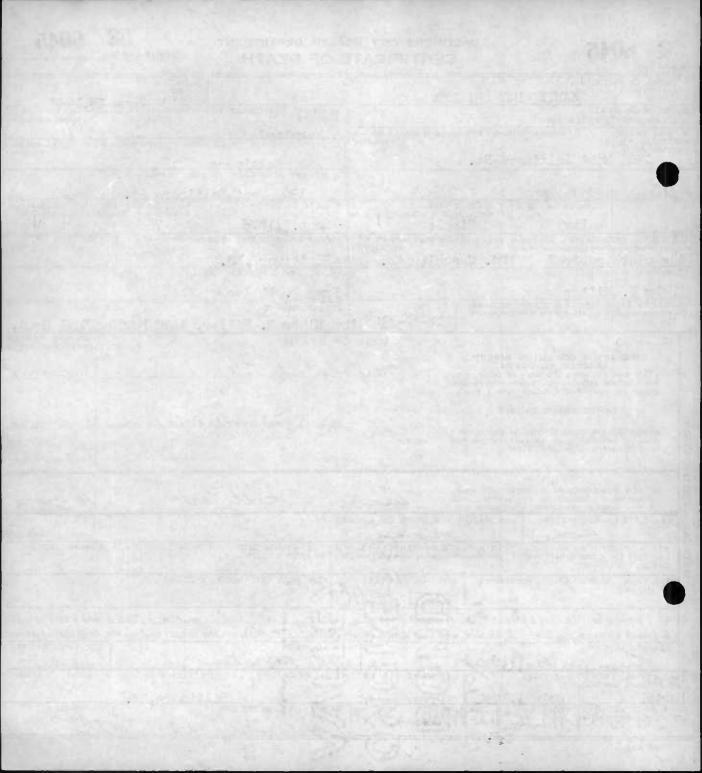
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BALTIMORE CITY HEALTH DEPARTMENT

52 6045

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF KATTE MAY MILLER 4. USUAL RESIDENCE (Where deceased lived If institution residence DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland . (If outside corporate limits, C. CITY OR TOWN Write RURAL and give 1900 West Baltimore St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1900 West Baltimore St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) II Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Single Sept.1,1875 TOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? File clerk, retired Md. Casualtv B altimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. Miller Emma F. Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 212-10-3105 Mrs Elmer H. Miller, 4420 Marble Hall Road 18. 422,1 and 260 X INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) myocardetis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES wershired beterio-solerous DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CONrabeter mellitur TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 2, 1943, to Leve 28, 1957, that I last saw the deceased alive on Jane 21, 19 52 and that death occurred at 1/15 f. m., from the causes and on the date stated above. 23c. DATE SIGNED 2701 u. Calvert. M. D. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) Baltimora Md. July 7, 1952 Green Mount REGISTRAR'S SIGNAT



530		The same		· Experience
52 6046 CERT	E CITY HEALTH		T Registered	2. 6046
1. NAME OF DECEASED (Type or Print) Emmett Hand			2. DATE OF DEATH 6-	29-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give st	A. ST		(Where dcceased lived, I B. COUNTY	f institution: residence before admission)
HOSPITAL OR INSTITUTION BALLA			(If outside corporate) limit	ts, piteRUAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days		If rural, give location) the Boul St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVO	ED. 8. DA	TE OF BIRTH	9. AGE (in years)	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INESS OR 11. BI	RTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Sauuel P Hand	14. M	OTHER'S MAIDEN	NAME Ounlauss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SEC	URITY NO. 17. IN	NFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES		Vaocular	accide	INTERVAL BETWEEN ONSET AND DEATH
-)то			

WORK

TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

> 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

AT WORK

22. I hereby certify that I attended the deceased from 6 - 27

, 1952, to 6-29 1952, and that death occurred at 1230

A m., from the causes and on the date stated above. 24D. LOCATION (City, town, or county)

Kansas

(If in Baltimore City, give exact location)

24A. BURIAL, CHEMA-TION, REMOVAL (Specify) Removal 24c. NAME OF CEMETERY OR CREMATORY Newton DATE RECEIVED BY

1952

OTHER SIGNIFICANT CONDITIONS CON-

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

deceased alive on 6 - 29

21D. TIME (Month) (Day) (Year) (Hour)

, 1952, that I last saw the

20. AUTOPSY7

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23A. SIGNATURE

CERTIFICAT

EDICAL

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-	GOAT	
06	0047	
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6047
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Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yre Mos. c. Length of stay in Baltimore Davs 5'. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years If Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) mulp marrica IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? ouster man 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. NO INTERVAL BETWEEN 18. 11221 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., eto.) INJURY OCCUR? CAUSE OF DEATH 2 IE. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY WHILE ATT NOT WHILE! WORK Cres 30 191 that I last saw the 22. I hereby certify that I attended the deceased from... deceased alive on 19. 19. and that death occurred at 3.30Am., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) JIN 19051a DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR בבן עם זוטם

A Zamen wand New York " the the tree to Carry Line 1 7 13 W WOL 18 Carrier and The letter in ALSO LOSS THE REAL PROPERTY OF THE PARTY OF THE All Mars Lindon Park Landon let. the party of the p

1.30 KAREN ROSE	MERRIT 52-07508			
116 UUTC	EALTH DEPARTMENT 52 6048 Registered No.			
BIRTH NO. 72-01508	E OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print)	2. DATE JENE 27, 1972			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B COUNTY be ore admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate Philip, write RURAL and give			
INSTITUTION Loctors Paspital	Baltimore Mot . Dunday R			
c. Bength of stay in Baltimore 3 months Mos.	2.06 h Class (of rural, give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (1p years if Uniter Year if Under 24 hours last birthday) Moyths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
work done during most of working life, even if retired) INDUSTRY	Balto The WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Donald Morsett - same			
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	vulsions			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	logy unotermined			
ANTECEDENT CAUSES	reary une dermined			
O DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				
<u>U</u>				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?			
O DIAGE OF INJURY	YES NO YES NO			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e				
2 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE WORK AT WORK				
deceased alive on June 2 19 Sand that death occur	26, 192 to June 27, 1952 that I last saw the cred at 2 m, from the causes and on the date stated above.			
deceased alive on June 27, 19 S, and that death occur	The state of the causes and on the date stated above. 3B. ADDRESS 27, 1952, to fine 27, 1952, that I last saw the red at 27, 1952, that I last saw the 27, 1952, that I last saw the red at 27, 1952, that I last saw the 27, 1952, that I last s			
deceased alive on June 27, 19 S, and that death occur 23A. SIGNATURE 23A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	3B. ADDRESS OF STANDARD SIGNED 23C. DATE SIGNED COSPITAL 6. 27, 52			
deceased alive on June 27, 19 Sand that death occur 23A. SIGNATURE Le George Le Sand M. D.	Tred at 2 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED 6. 27, 52 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
deceased alive on June 27, 19 S, and that death occur 23A. SIGNATURE People 24C. NAME OF CEMETE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	3B. ADDRESS OF STANDARD SIGNED 23C. DATE SIGNED COSPITAL 6. 27, 52			
deceased alive on June 27, 19 S, and that death occur 23A. SIGNATURE People Control M. D. 24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) 6-3d-52 Cah L	Tred at 2 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED 6. 27, 52 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6049
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) Bernard T. Rosensteel DEATH June 27. 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RORA) and give 5010 Beaufort Ave. INSTITUTION (ownship) Baltimore 50-o. STREET ADDRESS (If rural, give location) Yrs. Mos. 5010 Beaufort Ave., gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | It linder I Year | It Under 24 Hours | Iast birthday) | Months: Days | Hours | Min. Male White Married Dec.16.1873 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Retired Plasterer INDUSTRY WHAT COUNTRY? Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Rosensteel Menia Weaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. -01-0401 Mrs. Annie E. Rosensteel 5010 Beaufor INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. vis-Scheroto Heart Disher OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш ប TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! more 22. I hereby certify that I attended the deceased from. , 19 2, that I last saw the 19.5 and that death occurred at 321 deceased alive on 10 from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 123c. DATE SIGNED 24A, BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) 7-1-1952 Evergreen Cemeterv Gettysburg Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR . Howard Strong 3207 W. North Ave.

Dr Jelius C. Gluch 5356 Reisterstown R. Li. 4

5 BI	52 6050			ALTH DEPARTMENT	52 Registered No.	6050
	NAME OF DECEASED bype or Print)	-ILLIAN	V. Si	MITH	2. DATE OF DEATH	28,1952
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hos	spital or institution, g	ive etreet address or	A. USUAL RESIDENCE (Where deceased fixed. If inst	titution: residence before admission)
HO	OSPITAL OR	DESEPHS	Hosp location)	C. CITY OR TOWN (I	f outside corporale limit, w	rit RI RAL and give township)
2	ngth of stay in Baltimore	1114	Yrs. Mos. Days	2705 Wes	frural, give location) + field A	re
5.	SEX 6. COLOR OF RAC		OIVORCED (Specify)	7/8/23	9. AGE (In years last birthday) Month	or I Year If Under 24 Hours S. Days Hours Min.
rori	A. USUAL OCCUPATION (Give kin done during most of working life, even if reti	dof 108. KIND OF Dept.	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)		CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14 = 4 ×	er	14. MOTHER'S MAIDEN N	IAME	
	was DECEASED EVER IN U. S. AR e, no or unknown) (If yes, give war or or		SOCIAL SECURITY NO.	Louis E.	Smith 192	RESS Pausa
ı	18. E 971,2		CAUSE C	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITIC LEADING TO D (This does not mean the more heart failure, asthenia, etc. It- injury or complication whice	EATH de of dying, e.g., means the disease,	(A) Barbit	uratepoisoning		ONSET AND DEATH
Ī	ANTECEDENT CA	AUSES				
NOIL	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE	(B)			
<u>ح</u> ا			(C)			-
RTIF	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDIT	UT NOT RELATED				
Ü	19A. DATE OF OPERATION		DINGS OF OPERA			20. AUTOPSY?
إ				A.		YES NO
DIC.	21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRI UTING LI CAUSE OF DEAT	B. about home, farm, fa	OF INJURY (e. g., in ctory, street, office bldg., et		If in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Ye OF INJURY		INJURY OCCURRE	D 21F. HOW DID INJUR		
	ound 6-28-52	Am. WHILE	AT WORK	Self ingesti	on of barbitura	te
	22. I certify that I took ch		- 46	Autopsy,	Inspection or Inquiry	hereon and from
				equiry, find that said \Box , accident \Box , suicide		
	23A. SIGNATURE	10,0		238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

7/1/52

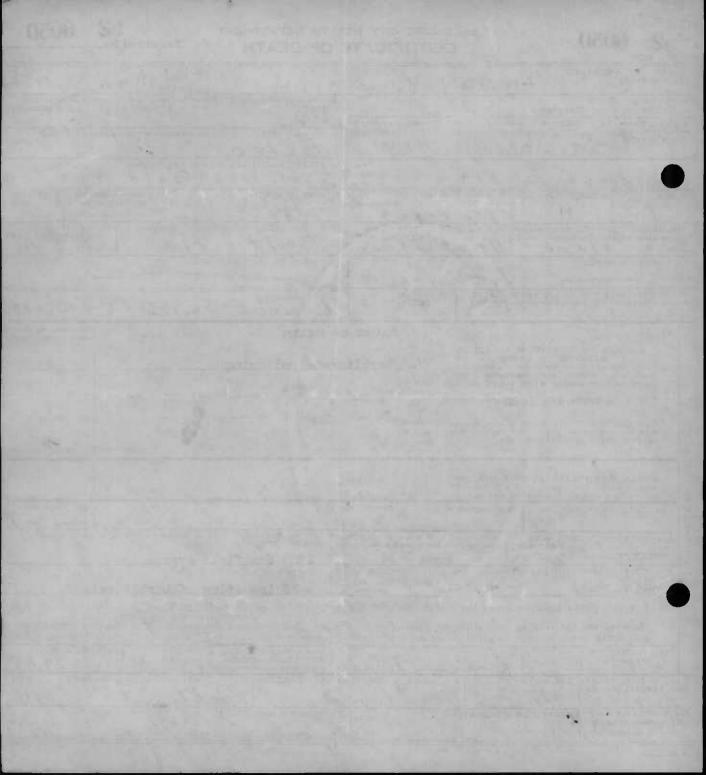
Darbwool

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOPMIN REGISTRARY

The state of the s

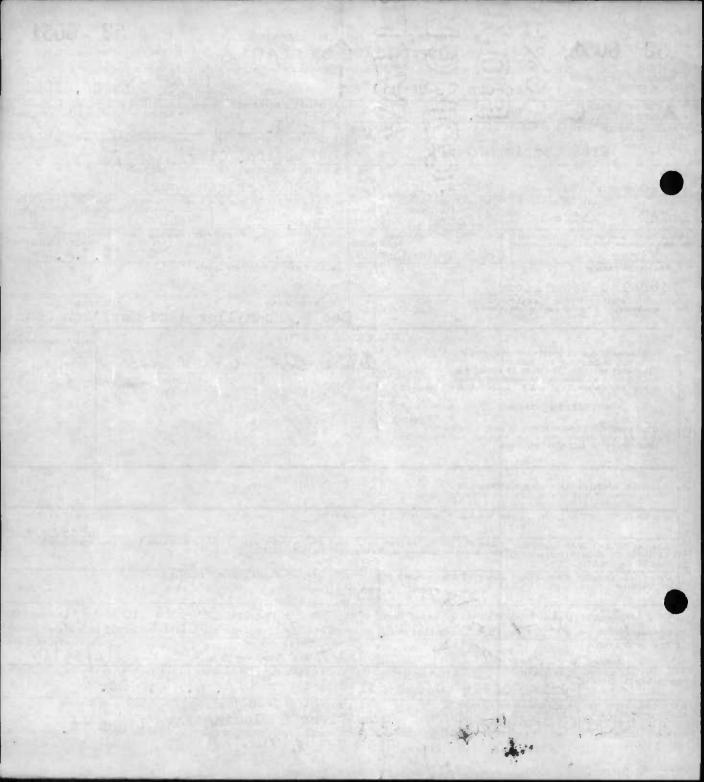
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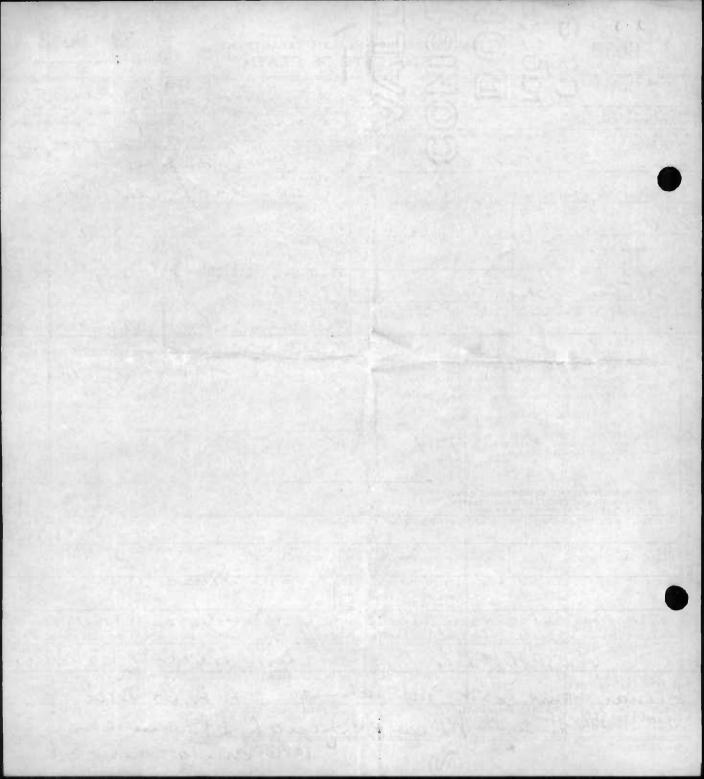


554	6051
BIRTH NO.	

52 6051 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Theodore J. Howmiller June 28. 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City A. STATE B. COUNTY B FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write RURAlband give C. CITY OR TOWN INSTITUTION township) 4I20 Morrison Court Balto City D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore 8 yrs. 4I20 Morrison Court Davs 9. AGE (In years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Male White Widowed May 8, 1872 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ohio Miner Coal Industry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Howmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Leo T. Howmiller 4I20 Morrison Court CAUSE OF DEATH 1B. LA ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pateris chrotin C.Y. disease LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failnre, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WORK . 195% to free 28, 1952, that I last saw the 22. I hereby certify that I attended the deceased from for 26 deceased alive on June 1952 and that death occurred at 11. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4730 6 coming Tre Cox. 24C. NAME OF CEMETERY OR CREMATORY | \$40. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial A. A. Co. Md. Cedar Hill July 2.1952 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Flynn & Fleming I426 Light St

VS 150





52	6053
DIOT	II NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6053

BI	RIH NO.					10	
1. (T	NAME OF D ype or Print)		FREED			2. DATE OF DEATH 6-2	29-52
Α.		City, Maryland		nore Md.	4. USUAL RESIDENCE (W	here deceased lived, I	f institution; residence before ddmission)
HO	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)		outside corrorat limi	its, write Rend L and give
IN	STITUTION	MELCHOR MURS	STNG HOL	TT.	Baltimore		township)
-		THEOTICE WOLL	THA HOL	Yrs.	D. STREET ADDRESS (If a	rural, give location)	
c.	nength of s	tay in Baltimore		Mos. Days	2203) Orem Ave	e.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
76	male	White	Wide	ED, DIVORCED (Specify)	June 6. 1875	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
ork done during most of working life, even if retired) None None		Baltimore Md.		WHAT COUNTRY?			
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA		
	Henry	y			Elizebeth Ying	ger	
15 Y	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
1 04	, no or unanown,	(1) you, give war or date	or service)	None	Mr. Charles Jac		ford Rd.
	18. 1/1/2	5%		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					ONSET AND DEATH
	(This does	LEADING TO DEAT	f dying, e. g	., (A) Cer	ebral-vascular acc	cident	2 weeks
	injury or	re, asthenia, etc. It mea complication which o	ns the discase aused death	DUE TO			
		ANTECEDENT CAUS	ES	hyp	ertensive-cardio-	vascular	
Z		(B)			***************************************	disease	l yr
2	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
5	UNDERLY	ING CONDITION LA	ST.	(C)		***************************************	***************************************
-							
2		II IGNIFICANT CONDI					
ا ا		TO THE DEATH, BUT ISEASE OR CONDITION					
ار	19A. DATE C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			RATION		20. AUTOPSY?
8			1				YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) INJURY OCCUR?				give exact location)			
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	PHE 133 LIE
4	, moon		m. V	WORK NOT WHILE			
	22. I hereb	y certify that I, att	ended the	deceased from Ja	n 1952 to Ji	ine 29 195	2, that I last saw the
	deceased a		1952	and that death occur			the date stated above.
	23A. SIGNA	ORE	10 6		23B. ADDRESS		23c. DATE SIGNED
	70	Elswor	X	M. D.	2431 Maryland	ronue	6-29-52
TLC	N. REMOVAL (S Urial	Specify) June 3	-1	estern Ceme	terv Balt	timore Md.	n, or county) (State)
	TE RECEIVE	REGISTRAR	- 1		25. FUNERAL DIRECTOR		ADDRESS
LC	HUNR 3001	307	+ 14	111.	Paul A. Heemann	n 6067 Har	ford R
	VS 150	Thurting	A A	thams, My	6 0 5 0	. ooo, nar	WO2 W 21
		L	,				

Latifie

or or

52 0 52 6054 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) Luzz BANKS	2. DATE OF DEATH 6- 27-52
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission. C. CITY OR TOWN (If outside corporale / imits, write RURAL and
c. Digth of stay in Baltimore 30 Mos. Days	D. STREET ADDRESS (If rural, give location) 1639 W (AFA48TEE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under 1 Year last birthday) Months: Days Hours Months: Days Hours M

Markica

16. SOCIAL

CAL

DUE TO

WHILE AT

work dane during most of working life, even if retired)

ousewife

ICHARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

19A. DATE OF OPERATION

deceased alive on 6- Z

CAUSE OF DEATH

234 SIGNATURE

VS 150

BURIAL, CREMA-

OF INJURY

21A. ACCIDENT WAS UNDER

LYING□ OR CONTRIBUTING□

21D. TIME (Month) (Day) (Year) (Hour)

(If yes, give w

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

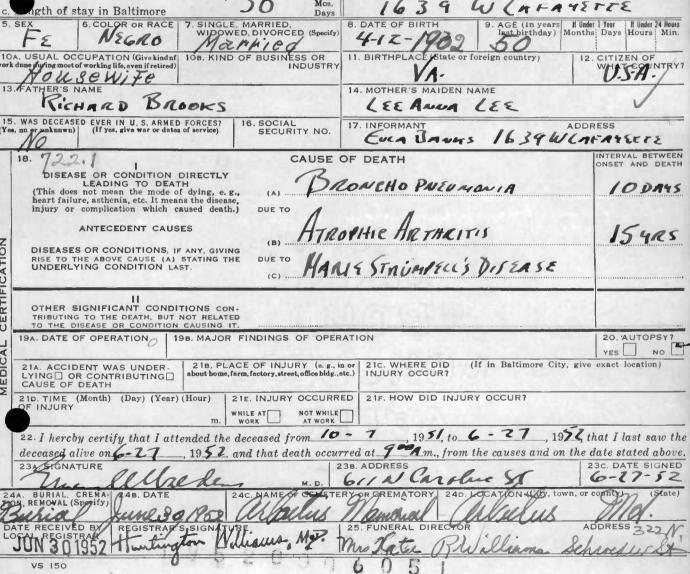
11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

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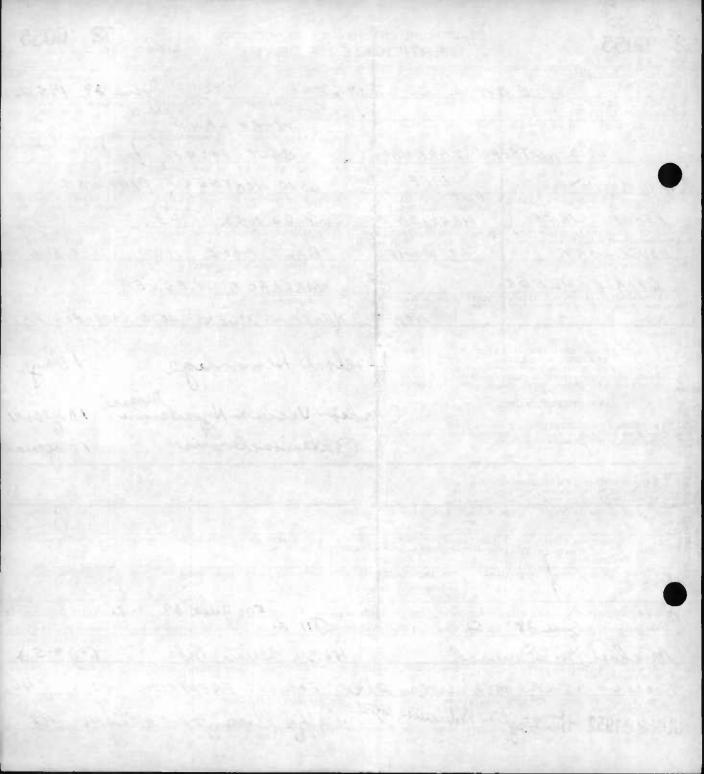
L'ACTINOS. Color Darling / Later World Co without type wearen of

6	25
52	6055
BIRTH	NO.

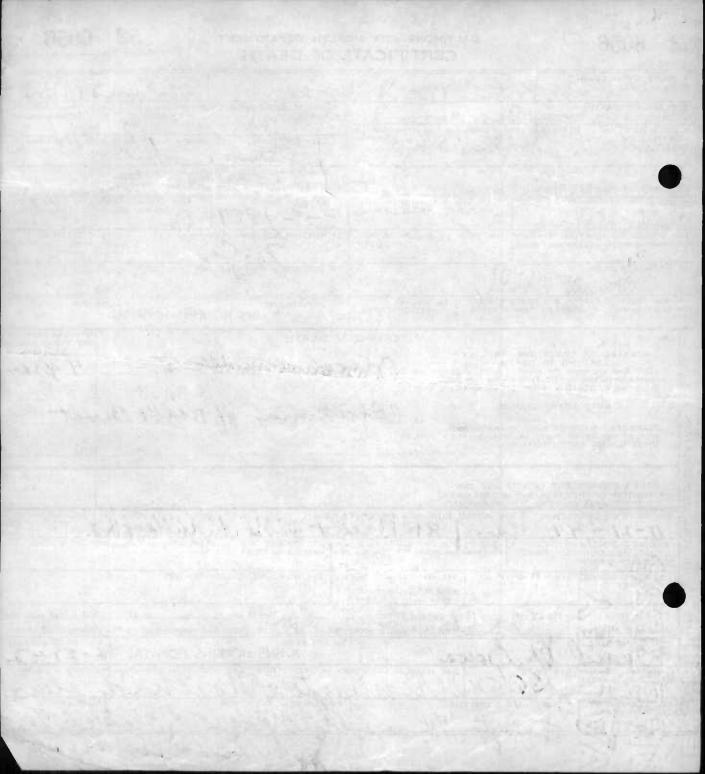
BALTIMORE CITY HEALTH DEPARTMENT

52 6055

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JURGENS. DEATH Went 29 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY
before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARY LAND. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION 4010 NORTHERN PARKWAY. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4010 NORTHERN PARKWAY. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours Min. If Under 24 Hours JULY 22 1868 MARRIED. 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WORK ATNOME. BALTIMORE U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE WEBER. MARGARET 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4010 NORTHERN PK NO NONE HENRY AJURG 18. 443 V INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 DICAL YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE AT WORK . 1950 to Quene 29 , 1952, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 22, 1952, and that deat Noccurred all A. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) LOUDON PARK CEM. MU. BURIAL JULY 1 1952 FREDERICK DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR



16	The	E.L	Cas	e '	Releas	ed				
5	605	6		BALTIM		HEALTH DEP		Domine	52	6056
	RTH NO.			CE	RTIFICA	TE OF DE	ATH	Regist	ered No.	
	NAME OF D ype or Print)	ECEASED	Hatis	e m	ne In	tyre		2. DATE OF DEATH	fune :	27.1959
Α.	PLACE OF D Baltimore (City, Maryla		Ra.	on	A. STATE	ESIDENCE (W	here deceased B. COUI	red. If ins	titution : residence before admission
H	FULL NAME OSPITAL OR STITUTION	OF (If not:	in hospital or ins	titution,	give street address location		RWN. (If	outside corpor	te maits w	
3	9,7,0,7,0,1	Lanno	aubia	~ ~	To species	Jan 13a	erunte		0	township
c.	Length of s	tay in Baltin	more		Yrs Mo Day	. 100	78 8P	ural give loca	我.	
5.	SEX	6. COLOR OF		NGLE. MA		8. DATE OF E	1007	9. AGE (IN)	ears If Und ay) Month	er 1 Year If Under 24 Hours as Days Hours Min
10	A. USUAL OC	CUPATION (G	livekindof 10B. F	KIND OF	BUSINESS OR		O D	reign country)	12	CITIZEN OF
	done during most o		n if retired)		INDUST	RY	n.C			WHAT COUNTRY
13	. FATHER'S	AME	Olila			14. MOTHER	S MAIDEN NA	ME		
15 (Yes	. WAS DECEASE	D EVER IN U. (If yes, give w	S. ARMED FORCE	S? 16	SOCIAL SECURITY NO	17. INFORMA		N/10 11 11 11 11 11 11 11 11 11 11 11 11 1		RESS
-	10						OHNS HOI	KINS HO	SPITAL	INTERVAL BETWEEN
		E OR CONE	DITION DIRECT	TLY	CAUSI	OF DEATH				ONSET AND DEATH
	(This does	LEADING T	O DEATH		10			414.		4 410.4.
			c. It means the d	lisease,	(A)(A)	ucunor	MOND			
	injury or	complication	c. It means the di which caused d	lisease,	DUE TO	ucinor	VOND			
NO	injury or	complication ANTECEDEN	c. It means the diwhich caused d	lisease, death.)		inom	~ of	righ	+ Br	est-
ATION	DISEASES	complication ANTECEDEN OR CONDIT	c. It means the diwhich caused of T CAUSES TONS, IF ANY, OUSE (A) STATIN	death.)	(B) COL	inon	~ 06	righ	+ Br	m /
IFICATION	DISEASES	complication ANTECEDEN OR CONDIT HE ABOVE CAL TING CONDIT	c. It means the diwhich caused of the caused of the cause	death.)	DUE TO	linom	~ %	righ	+ Br	
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- CERTIFICATION	DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE O	COMPLICATION ANTECEDENT OR CONDIT HE ABOVE CAL TING CONDIT III IGNIFICANT TO THE OEAT	c. It means the diwhich caused of which caused of the caus	death.) GIVING IG THE CON- ELATED NG IT.	(B) COL		~ of	righ	+ B1	20. AUTOPSY?
CAL CERTIFIC	OTHER STRIBUTING TO THE O	COMPLICATION ANTECEDENT B OR CONDIT HE ABOVE CALL ING CONDIT IGNIFICANT TO THE OEAT SEASE OR CO F OPERATIO	c. It means the diwhich caused of which caused of the which caused on the which caused	GIVING IG THE CON- ELATED NG IT. JOR FIN	DUE TO (B) COM DUE TO (C)	ERATION	e of	Right in Baltimore	t Bu	YES NO Z
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CAL CERTIFIC	OTHER STRIBUTING TO THE OTHER STRIBUTING TO THE OTHE OTHE OTHE OTHE OTHE OTHE OT	COMPLICATION ANTECEDENT SOR CONDIT SOR CONDIT ING CONDIT IGNIFICANT TO THE GEAT TO THE GE	c. It means the diwhich caused of which caused of T CAUSES TIONS, IF ANY, COUSE (A) STATINFION LAST. CONDITIONS IH, BUT NOT RENOITION CAUSIN 19B. MA.	GIVING IG THE CON- ELATED NG IT. JOR FIN PL. CE home, tarm, f	DUE TO (B) DUE TO (C) NDINGS OF OF Rt. B. Control of INJURY (c. particular	ERATION , in or 21c. WHE INJURY C			t Br	YES NO Z
EDICAL CERTIFIC	OTHER S TRIBUTING TO THE O 19A. DATE O LYING OF CAUSE OF 210. TIME (25 INJURY	COMPLICATION ANTECEDENT B OR CONDIT ING CONDIT IGNIFICANT TO THE OBAT SEASE OR CO F OPERATIO ENT WAS UN R CONTRIBUT DEATH (Month) (Day	which caused of which caused of which caused of which caused of the which caused of the caused of th	CON- ELATED NG IT. JOR FIN PL CE home, arm, f	DUE TO (B)	ERATION ., in or 21c. WHE INJURY C	OCCUR?	OCCUR?		YES NO Person No
EDICAL CERTIFIC	OTHER S TRIBUTING TO THE O 19A. DATE O LYING OF CAUSE OF 210. TIME (25 INJURY	complication ANTECEDENT SOR CONDIT SOR CONDIT ING CONDIT III IGNIFICANT TO THE GEAT TO TH	which caused of which caused of which caused of which caused of the which caused of the which caused of the caused	CON- ELATED NG IT. JOR FIN PL CE home, larm, f the dec	DUE TO (B)	ERATION (., in or 21c. WHE g., etc.) INJURY C	DID INJURY	occur?	., 19, t	exact location) That I last saw the date stated above
EDICAL CERTIFIC	OTHER STRIBUTING TO THE OTHER	Complication ANTECEDENT SOR CONDIT SOR CONDIT ING CONTRIBUTE ING CONDIT	C. It means the diwhich caused of which caused of which caused of the which caused of the caused of	CON- CLATED NG IT. JOR FIN PL CE thome, hrm, f the dec- , and	DUE TO (B) DUE TO (C) NDINGS OF OF RT. D. OF INJURY (c. 1 actory, street, office block of the control of the cont	ERATION ., in or 21c. WHE INJURY CORRED 21f. HOW curred at 23s. ADDRESS	DID INJURY	occur?	., 19, t	exact location)
MEDICAL CERTIFIC	OTHER STRIBUTING TO THE OTHER OF LYING OF CAUSE OF 210. TIME deceased all deceased all deceased all dispersions of the other other other other other of the other	complication ANTECEDEN' SOR CONDIT SOR CONDIT ING CONDIT III IGNIFICANT TO THE GEAT TO TH	C. It means the diwhich caused of which caused of which caused of the which caused of the caused of	CON- CLATED NG IT. JOR FIN PL CE home, arm, f the deco- , and	DUE TO (B)	ERATION ., in or 21c. WHE INJURY CORRED 21f. HOW curred at 23s. ADDRESS	19 53 , to m., from th	occur? e causes an	., 19, t d on the	react location) That I last saw the date stated above 23c. DATE SIGNED
MEDICAL CERTIFIC	OTHER STRIBUTING TO THE OTHER STRIBUTING TO THE OTHER OF CAUSE OF	complication ANTECEDEN' SOR CONDIT BOOK CONDIT BOOK CONDIT IGNIFICANT TO THE OEAT TO T	C. It means the diwhich caused of which caused of the which caused of the which caused of the caused	CON- ELATED NG IT. JOR FIN PLICE home, rarm, f the deco- , and	DUE TO (B)	ERATION In, in or 21c. WHE INJURY CORRED 21f. HOW EXECUTE AT THE PROPERTY OF CREMAT	1953, to m., from th	occur? e causes an	., 19, t d on the	react location) That I last saw the date stated above 23c. DATE SIGNED
MEDICAL CERTIFIC	DISEASES RISE TO THE VINDERLY OTHER STRIBUTING TO THE OF 19A. DATE OF 21A. ACCID LYING OF CAUSE OF 21O. TIME OF 1NJURY 22. I hereby deceased all 23A. SIGNATION REMOVAL (STREET)	COMPLICATION ANTECEDENT ANTECEDENT SOR CONDIT SOR CONDIT IS OR CONTRIBUT C	C. It means the diwhich caused of which caused of which caused of the which caused of the caused of	CON- ELATED NG IT. JOR FIN PLICE home, rarm, f the deco- , and	DUE TO (B)	ERATION (a, in or 21c. WHE g., etc.) INJURY CONTROL 21F. HOW LE	1953, to m., from th	occur? e causes an	., 19, t d on the	react location) That I last saw the date stated above 23c. DATE SIGNED
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BIRTH	60.	57
1. NAM (Type o		DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

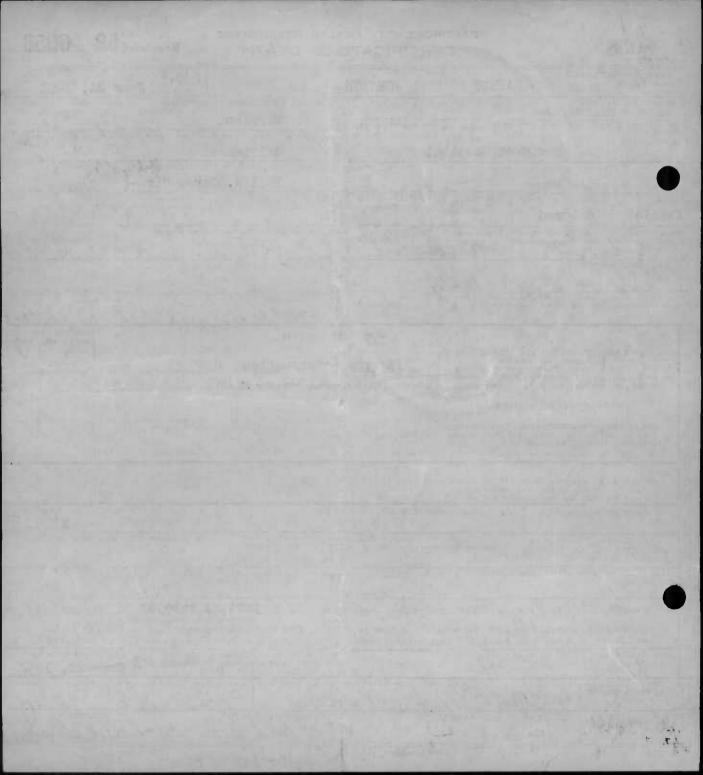
52. 6057 Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) HENDERSON	SCOTT	of DEATH June 27, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	Where deceased lived. If institution: residence B. COUNTY before admission
B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location)	Maryland c. CITY OR TOWN (If	outside corpor te maits, write RUIL and give
Provident Hospital	Baltimore	township
Yrs.	D. STREET ADDRESS (If	rural, give location)
ngth of stay in Baltimore Days	1014 E. Monume	ent Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under I Year If Under 24 Hours Min.
10A SUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR	11. BIRTHPLACE (State of fo	CONTRACTOR OF
work fone during most of working life, even if retired) INDULTRY	abunt	2 CITIZEN OF WHAT COUNTRY
13 FATHERIS NAME	Mysomalo	vila u-via.
ALIACIOS NAME	14. NOTHER'S MAIDEN N	
17 IWAS DESEASED FUED IN LIGHT STORY	Maggie	Liralchere
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS ADDRESS
18. FX/A	DE DEATH	LINTERVAL BETWEEN
J 0 1 1 0	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ıver	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	•••••••••••••••••••••••••••••••	***************************************
UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION 19a, MAJOR FINDINGS OF OPERA	ATION	i 20. AUTOPSY?
		YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about bome, farm, factory, street, office bidg., et		f in Baltimore City, give exact location)
UTING CAUSE OF DEATH.		
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	D 21F. HOW DID INJURY	OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK		
2. I certify that I took charge of the remains described all	bove, held an partial	autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or In	Autopsy, Inquiry, find that said de	Inspection or Inquiry acceased died on the day stated above
and death in my opinion resulted from: natural causes	🔼, accident 🗆, suicide	\square , homicide \square , undetermined \square .
23A. BIGNATURE A Durlacker M.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	EXAMINER
		OCATION (City, town, or county) (State)
Musical apportus	101/1/1	rained
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS OF
JUN 301952 Huntington Williams	Saralla.	THAISLEOOTIS
V S 151		16-00

1. 19 37

BALTIMORE CITY Registered 52 6058 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MAISTE **JOHNSON** June 24, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate lights, write RULAL and give INSTITUTION township) Provident Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1341 N. Carey Street igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. female colored 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fortien buntry) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of INDUSTRY ork done during most of working life, even if retired) WHAT COUNTRY? ouseur me . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND D DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ,, Internal obstruction (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, OUE TO postoperative adhesions injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes 📑 accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED

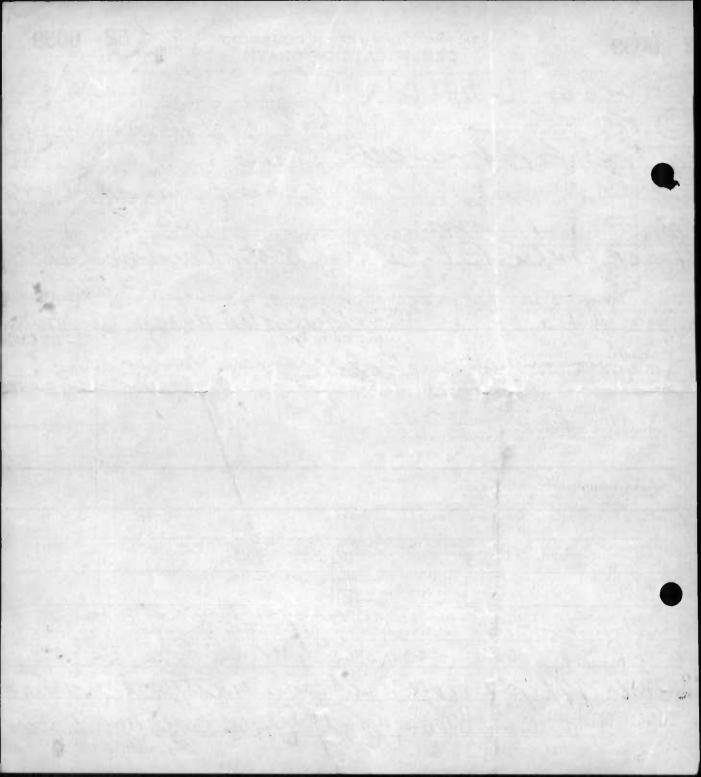
U MEDICAL INVESTIGATOR 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURIAL, CREMA-248. DATE T/QN REMOVAL (Speciff 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT

52 6059

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Pr DEATH 4. USUAL RESIDENCE (Where depend lived, If institution: residence before addission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instruction, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and g C. CITY OR INSTITUTION ADDRESS (If rural, give loc Mos c. Length of stay in Baltimore Davs 5. SEX AGE (in years of Under 1 Year I Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 12 CITIZEN OF vork one during most of working life, even if retired) WHAT COUN 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE 22. I hereby eerify that I attended the deceased from May 26 and that death occurred at 4 3 . From the causes and on the date stated above. deceased alive on 23c. BATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY ON REMOVAL (Specify) ADDRESS 25. FUNERAL DIRE REGISTRAR'S SIGNATURE VS 150



BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or donne HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET AD (If rural, give location) MOS. gth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED, WIDOWED DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTAPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) ADDRESS (If yes, give war or dates of service) no SECURITY NO Marold D. Smith - 630 Orpington Rd. no Mrs. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY This does not mean the mode of dynn edisease, injury or complication which caused death.) ANTECEDENT C CHIEF OR ASST. MEDICAL EXAMI DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B MAJOR FINDINGS Ic. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 2/A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) NJURY OCCUR? CAUSE OF DEATH rong 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID OF INJURY WORK deceased alive on 6/2, 1952, and that death occurred at 123 19 that I last saw the from the causes and on the date stated above. 23C. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

25 BUNERAL DIRECTOR

2 D. LOCATION (City, town, or county) Balto,

Burial DATE RECEIVED BY REGISTRAR

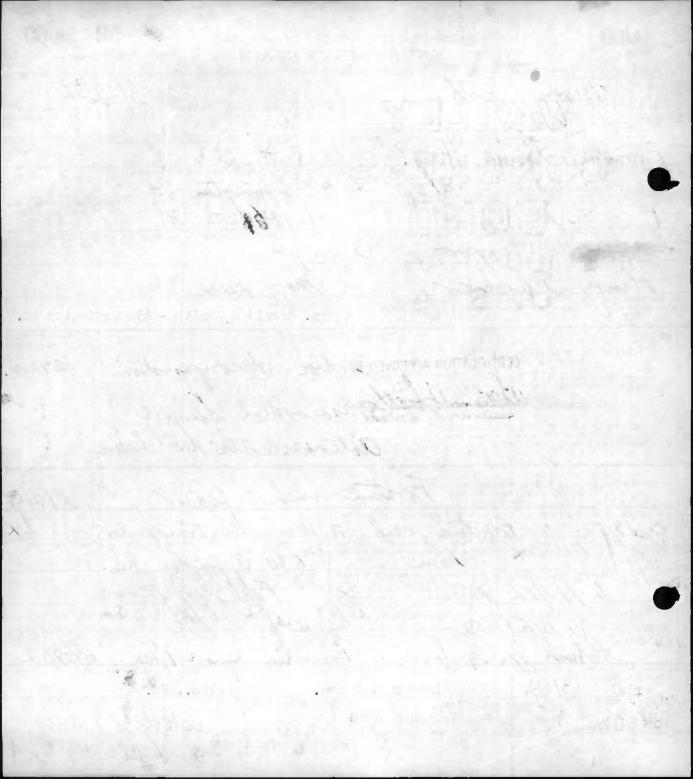
24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

248. DATE

REGISTRAR'S SIGNATURE

ADDRESS



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1	ROICA
	COOT
D	THE NO

59

	SAGAT			TIMORE CITY H						DOPI
В	IRTH NO.			CERTIFICAT	E OF DEA	TH	Regis	stered No		
1.	NAME OF D	DECEASED MARIE	F. PEG	RAM			2. DATE OF DEATH	June	29, 1	.952
	Baltimore	City, Maryland			4. USUAL RES	SIDENCE (V				residence ore admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit 2601 Ro		ion, give street address o location	C. CITY OR TO		outside corpo	rate limits.	rik RU	RAL and give township)
4	011			Yrs.	O. STREET AD		rural give loc	ation)	1 1	
c.	Length of s	stay in Baltimore		Mos. Days		. Longw				
	sex female	6.COLOR OR RACE white	widow wid	E. MARRIED. 'ED, DIVORCED (Specify OWE	Aug. 22.	1880	71	nday) Mon	nder 1 Year ths Days	If Under 24 Hours Hours Min.
1 C	k done during most	CCUPATION (Give kind of of working life, even if retired) sman (rtd)	10B, KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLAC	E (State or f	oreign country	1	2. CITIZ WHAT	EN OF COUNTRY?
13	3. FATHER'S	NAME		BABUTAL BATT	14. MOTHER'S		AME			
		les Frohwitte			Mary E	lizabet	h Walker			
15 (Ye	5. WAS DECEAS se, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMAN		MacCubbi		Purn	ell Dr.
-	18. 1/1/	21	77.77	CAUSE	OF DEATH	0			INTERV	AL BETWEEN
		SE OR CONDITION	DIRECTLY	07.002	O. BEATH				ONSET	1951
	(This does	LEADING TO DEA	TH of dying, e.g	. Cardi	o Vascula	ar dis	ease		Se	pt. 1
	heart failu	re, asthenia, etc. It mea complication which	ns the disease	e,				***************************************		
		ANTECEDENT CAUS	ES						n data	
Z	DIGENOS			(D)	rtension	*******************	*******************			?
2	RISE TO T	S OR CONDITIONS, I	STATING TH	E OUE TO						
CA	UNDERL	YING CONDITION LA	ST.	(c) art	erio scle	erosis	***************************************			?
LIFI		11				***				
ERTIFICATION	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	.D		Series.				
U		OF OPERATION 1		FINDINGS OF OPE	RATION				20 4	AUTOPSY?
AL		0.2							YES	ON O
EDICAL	21A. ACCIE LYING 0 CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about bome, f	CE OF INJURY (e. g., arm, factory, street, office bldg	n or 21c. WHER etc.) INJURY OC		If in Baltimon	re City, gi	ve exact	location)
Σ	210. TIME F INJURY	(Month) (Day) (Year)		21E, INJURY OCCURI		SULVI DIO	Y OCCUR?	4		
•	22 I hanah		m.	WORK AT WORK	n+ 16	ST 4. TS	ma 20	10 50)45 m4 T T	wod annu 47.
	deceased a	live on June 2	enaea the	deceased from Se and that death occu	rred at 10 8	m. from t	he causes a	nd on the	date st	asi saw ine ated ahove
	23A. SIGNA	TURE	7, 10_16,	lie la	23B. ADDRESS			na on the		TE SIGNED
	7	allina	1.116	M. O.	2220 Gar			P	Tune	30, 52
Z.	4A. BURIAL. ON. REMOVAL (S	CREMA- Specify) 248. DATE	1	24c. NAME OF CEMET		RY 240. L	OCATION (Ci	ity, town, o	r county)	(State)
_	Burial	7/1/52	e elevati	Loudon Park	Cem.		lto., Md		ADDRES:	9
L	ATE RECEIVE	1952 Hunting	ton W	liaus MD?	Dim.	NE TON	ickn	er V	20	No
_	VS 150	8	1 9	5 4 119	099	& o	But	6,-	7. 11	nd.
				16	11			- 0 ,	11	

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11 5	500						
2	6062		BAI		ALTH DEPARTMENT	Registered No.	6062
BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D					2. DATE OF	
		JOHN A	LUHN			DEATH June	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission)
	FULL NAME			ion, give street address or location)	Md.		
	STITUTION	The Blackst				outside corporate limits,	write RURAL and give township)
1	044	Cha	arles &	33rd St.	Baltimore D. STREET ADDRESS (If r	unal give location	
				Mos.	The Blackstone	rural, give location)	
	SEX	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) II Un	dar 1 Year If Under 24 Hours
	male	white	WIDOW	/ED DVORCED (Specify)	Sept. 10, 1878	last hirthday) Mont	hs Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY?
-		esident Rtd	Banki	ng	Maryland		
13	. FATHER'S N				14. MOTHER'S MAIDEN NA		
		s Andrew Luhi			Catherine McLain		
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
	no				Mrs. Hannah Luhn	- The Blackst	cone Apts.
	18. 450	.0		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	0	1.0		
		not mean the mode of re, asthenia, etc. It mea	f dying, e. s		chiel Freumoni		4 days
		complication which					
		ANTECEDENT CAUS	ES				
z					o Acterosia	***************************************	Dunes 1930
HON	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
K	UNDERLY	'ING CONDITION LA	ST.	(C)	•	······································	
RTIFICA							- A - C - C - C - C - C - C - C - C - C
F		II IGNIFICANT CONDI			1 (3,	unaled ever)	Aug 9-1946
S		TD THE DEATH, BUT			remorelage ()	ence I	June 28-1952
	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
IA.	none	~					YES ND
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., la farm, factory, street, office bldg., e		f in Baltimore City, giv	e exact location)
Σ	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	

23c. DATE SIGNED

ADDRESS

UNERAL DIRECTOR

24B. DATE

6/20/52

REGISTRABIS SIGNATURE

WHILE AT NOT WHILE

aece	a	86
23A.	S	К

22. I hereby certify that I attended the deceased from. ed alive on 100 27. 1952, and that death occurred at 5 A.m., from the causes and on the date stated above.

, 1946 to June 28 , 1952, that I last saw the

23A.	SI

24A. BURIAL, CREMA-TION, REMOVAL Specify) Burial

DATE RECEIVED BY

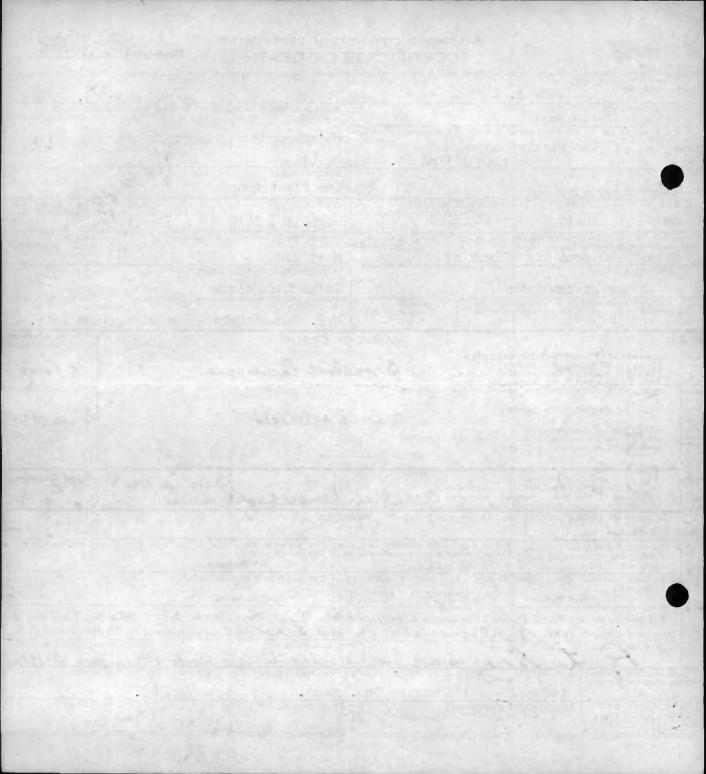
VS 150

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem. Maus.

23B. ADDRESS

Woodlawn, Md.

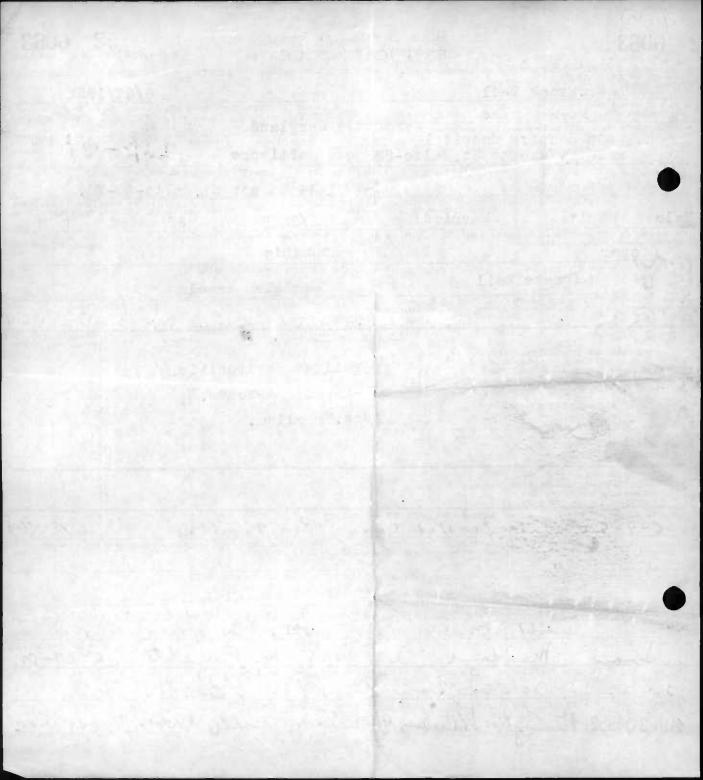


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BALTIMORE CITY HEALTH DEPARTMENT

52 6063

9	0000			CERTIFICATI	E OF DEATH	Registered No.	- 0000
BIR	TH NO.			CERTIFICATI	E OF DEATH	registered No.	
	AME OF D	Mr.Frank V	Veil			2. DATE OF DEATH 6/27/:	1952
	LACE OF D	EATH: City, Maryland	Yes		4. USUAL RESIDENCE (W	here deceased lived. If inst	titution: residence
B. FI	JLL NAME	OF (If not in hospit	al or institut	tion, give street address or	A. STATE Maryland	B. COUNTY	before admission)
HOS	PITAL OR	Bon Secours	Hosp	ital location)		outside corporate I mits, w	rite RURAL and give
36	2	025 W. Fayet	tte St	,Balto-23	Baltimore	1	township)
	11/2			Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. 1		tay in Baltimore		Mos. Days	1444 Towson S	t. Balto-30-1	Md.
5. S		6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und	er i Year If Under 24 Hours
Ma		White	War	ried	7/8/1888	63	s Days Hours Min.
1OA.	USUAL OC	CUPATION (Give kind of portion of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
	Coope	er		INDUSTRY	Roumania		WHAT COUNTRY?
13, I	ATHER'S N			COOPERAGE	14. MOTHER'S MAIDEN NA	ME	
		Ignatz	Weil		Magdalen Ans	selm	
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		RESS
100, 1	o or anadowa)	(If yes, give war or date	ot service)	2/6-01-4229	Yenry Wo	1 1444	Lyman St
1	8. 579	XX		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	0,1002	o. BEATTI .		ONSET AND DEATH
		LEADING TO DEAT	TH	Gener	alized Peritoni	itia	-7 SAL - 18
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	e,			
				L) DUE TO Sub-	Hepatic Abscess	3,	
_		ANTECEDENT CAUS	ES	Pag	s.Embolism.		3 3 4 10
S	DISEASES	OR CONDITIONS, I	***************************************	*			
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
2				(C)			••••
-		П					-
2		IGNIFICANT CONDI					
5	TO THE DI	ISEASE OR CONDITION					
ا ادِ	9A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
3 -	6-7-	5 1	1 2 to DI	ACE OF INJURY (e. g., it	j Peritoni	In Palitiment City	YES NO NO
- 1		ENT WAS UNDER- R CONTRIBUTING DEATH	ebont home,	farm, factory, street, office bldg., e	21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
2	ID. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	2 1F. HOW DID INJURY	OCCUR?	-0.00
			m.	WHILE AT NOT WHILE			
2	2. I hereby	u certify that I att		deceased from	me 9 1951 to I	eme 27, 1957, ti	hat I last says the
0	leceased al	ive on June C7	19 61	and that death occur	red at reson., from the	e causes and on the	nui I iusi suw ine
2	3A. ŞIGNAT	TURE A	,	2	3B. ADDRESS	A 2	3c. DATE SIGNED
	In	an Me	iden	M. D.	wes w. Fa	yette	6-27-57
	BURIAL, C		, 9	24C. NAME OF CEMETER	RY OR CREMATORY 240. 10	CATION (City, town, or	county) (State)
13	Sura	6 6/30	52	Tholy Cr	000 /2	salto. To	rd
DAT	AL REGISTI	RAR .	SIGNATU	IRE	25. FUNERAL DIRECTOR	i nos	DDRESS
	UN 301	952 Hunting	cton 1	Miacus, Mes	Chas. Thelli	V5016-	toutare
	VS 150			- 5			
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6064

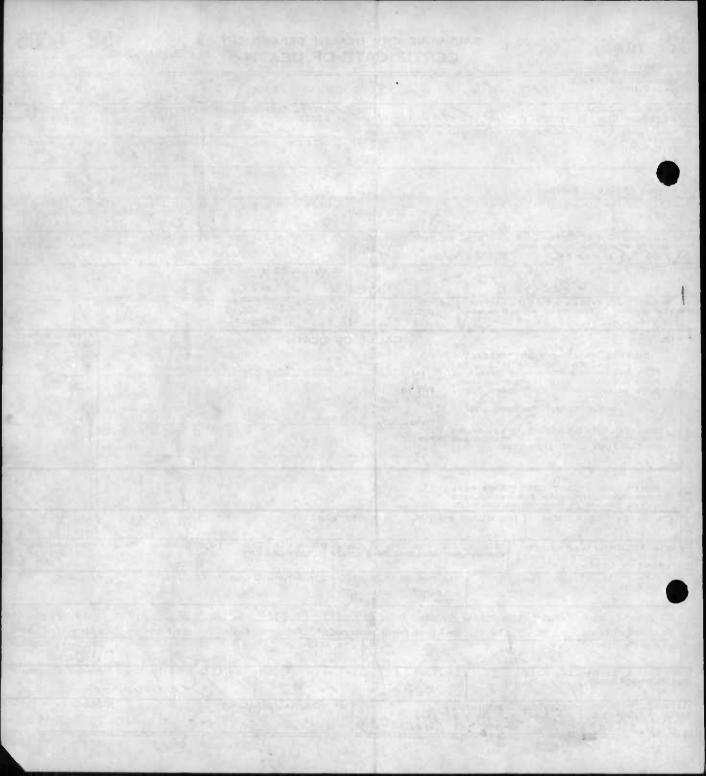
BIRTH NO.			CERTIFICAT	E OF BEATH		
1. NAME OF D (Type or Print)	ECEASED				2. DATE	
(Type or Print)	Julia	Arch	er		DEATH Jun	e 27, 1952
3. PLACE OF D				4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospita	al or institut	ion, give street address o location		If outside corporate limits	, will Royal and give
INSTITUTION	2107 Walbr	rook A	venue	Baltimore	15 "	township)
	STO! Harbi	A MOU.	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c Length of s	tay in Baltimore		7 Mes.	2107 Walbro	ok Amonuo	
5. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	O ACE (In yours H	Under 1 Year It Under 24 Rours
emale	Colored	Widow	E. MARRIED. PED, DIVORCED (Specify Wed	Aug. 20, 1859	92	nths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Domesti	f working life, even if retired)		INDUSTR	Fredericksbur	g. Va.	WHAT COUNTRY?
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	0. 0. A.
George	Williams			Amie Redmond		
15. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Ar	DDRESS
(Yes, no or nnknown)	(If yes, give war or date	of mervice)	SECURITY NO.			
No			None	Henrietta John	15011 - 2107	WELDIOOK
18. 420	10		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION	DIRECTLY	/	Kerioreles	to	
(This does	LEADING TO DEAT	f dying, e. g	(A)	-Xenous		
injury or	re, asthenia, etc. It mea complication which c	aused death	e, .) DUE TO	Xlear	X 1) island	2 6mos
Maria .	ANTECEDENT CAUS					
	ANTECEDENT CAUS	ES	(B)			
DISEASES	OR CONDITIONS, IF			***************************************	***************************************	*******
UNDERLY	HE ABOVE CAUSE (A)		E DUE TO			
<u>3</u>			(C)		***************************************	***************************************
DISEASES RISE TO THE UNDERLY						
OTHER S	IGNIFICANT CONDI					
	TO THE DEATH, BUT				•••••	
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
¥						YES NO
21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	In or 21c. WHERE DID	(If in Baltimore City, g	rive exact location)
W CALISE OF	R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg	,etc.) INJURY OCCUR?		
Z ID. TIME	Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCUR	RED 21F. HOW DID INJU	RY OCCUR?	
FINJURY			WHILE AT NOT WHIL			
		m.	WORK AT WORK		1	h _
22. I hereb	y certify that I att	ended the	deceased from	6- 1952, to	6 - 2/, 195	that I last saw the
deceased gl	ive on 6 - 27	, 195 2	and that death occi	erred at 8 m., from	the causes and on th	re date stated above.
23A. SIGNA	EURE O O. A.	17	- de	23B. ADDRESS	Mijo	23C. DATE SIGNED
- All	enforce or		M. D.			
24A. BURIAL. (STION, REMOVAL (ST			24c. NAME of CEMET	ERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
Burial	7/1/52		Mt. Aub	urn Bal	timore. Mar	vland
DATE RECEIVE	D BY RECESTRANT		Villaum, Miss			ADDRESS
CUN 301	952	8			3. Phillips	-
VS 150			to to	1808 N. Mc	nroe Street	

46	00
52	6065
BIRTH !	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6065

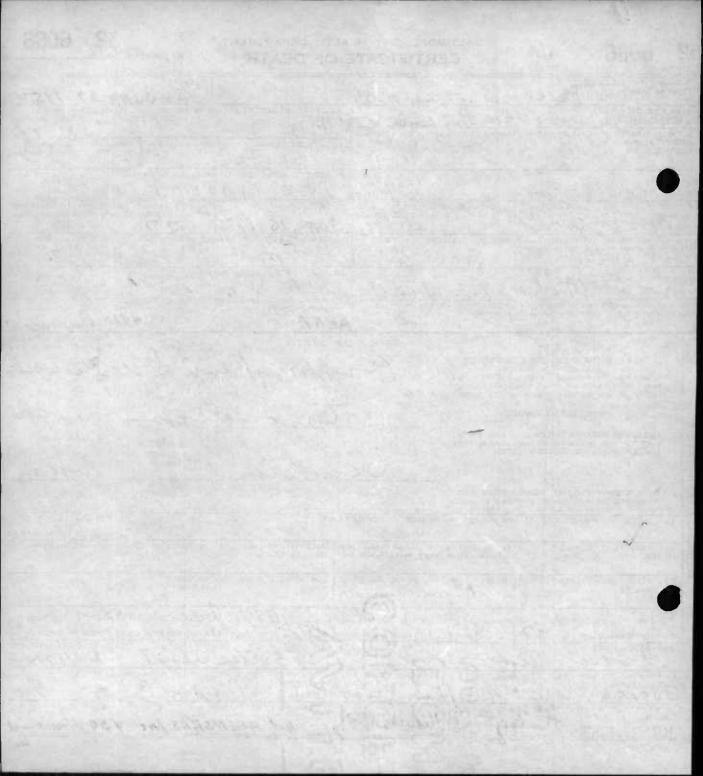
1. N	AME OF D	ECEASED 17.	ichne	1 F. G.	MAR SR.	2. DATE OF DEATH	6.2/.52
3. P	LACE OF D	EATH: City, Maryland /	7,3 M	PALUKAIIST	4. USUAL RESIDENCE	(Where deceased lived B. COUNTY	d. If institution: residence before admission)
B. F	ULL NAME	OF (If not in hospi	tal or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate)	imits, write RURAL and give
INS	TITUTION				BA111		(wnship)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	
c. L 5. s		tay in Baltimore	7. SINGLI	Days E. MARRIED.	8. DATE OF BIRTH		s If Under I Year If Under 24 Hours
	M	W	WIDOW	/ED, DIVORCED (Specify)	10.15.91	last birthday)	Months Dnys Hours Min.
10A.	USUAL OC	CUPATION (Give kind of gorking life, even if retired	* 63 L	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N		7000	,, 0.,	14. MOTHER'S MAIDEN	NAME	
		Mich.	se/		HANA		
15. Yes, 1	mo or unknown)	ED EVER IN U, S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT + Amily	O-SAME	ADDRESS
1	18. 502	. /		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA not mean the mode	DIRECTLY	(Ulman lands	a me des	22.
	heart failu	re, asthenia, etc. It me complication which	ans the diseas	e,			
		ANTECEDENT CAU		/	12	11:	62
5	DISEASES	OR CONDITIONS,	IF ANY, GIVIN	(B)	une / / /m		0 ms
	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
2 -				(E)			
2		II IGNIFICANT COND TO THE DEATH, BUT					
3 _	TO THE D	ISEASE OR CONDITIO	CAUSING I		ATION		20, AUTOPSY?
AL	ISA. DATE C	OF CFERATION O	ISB. MAJON	TINDINGS OF GEE			YES NO
בחות -		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
Ξ -		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			- 3 -
				deceased from		-	9. that I last saw the
	deceased at			and that death occur	Tred atm., from	n the causes and o	n the date stated above. 23c, DATE, SIGNED
	10	2///h	allo 1	M. D. /	279 mile	ans I	6/30/6~
24A TION	REMOVAL	CREMA- Specify) 24B. DATE	5>	24c. NAME OF CEMETE	RY OR CREMATORY 245	LOCATION (City, t	
DAT	TE RECEIVE	D BY REGISTRAN	'S SIGNATU	JRE.	25. FUNERAL DIRECTO		ADDRESS
LOC	JUN 30	1952 Hut	ington.	Williams, ME	Jug. F. lu	Care 1	
	VS 150	i.	. 0	100	134 67 X	Ext Aus.	
				00184	4		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) eler Mih OF DEATH JUNE 27 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 44/0 B. COUNTY before admission (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RUKAL and INSTITUTION lowyship) (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | # Under I Year | # Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY ork done during most of working life, even if retired) NDUSTR LADOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUNS! IS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! une 27, 19 3 7that I last saw the 19.5/, to 22. I hereby certify that I attended the deceased from_ deceased alive on 19 2 and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE REMOVAL (Specify)

VS 150

RECEIVED BY



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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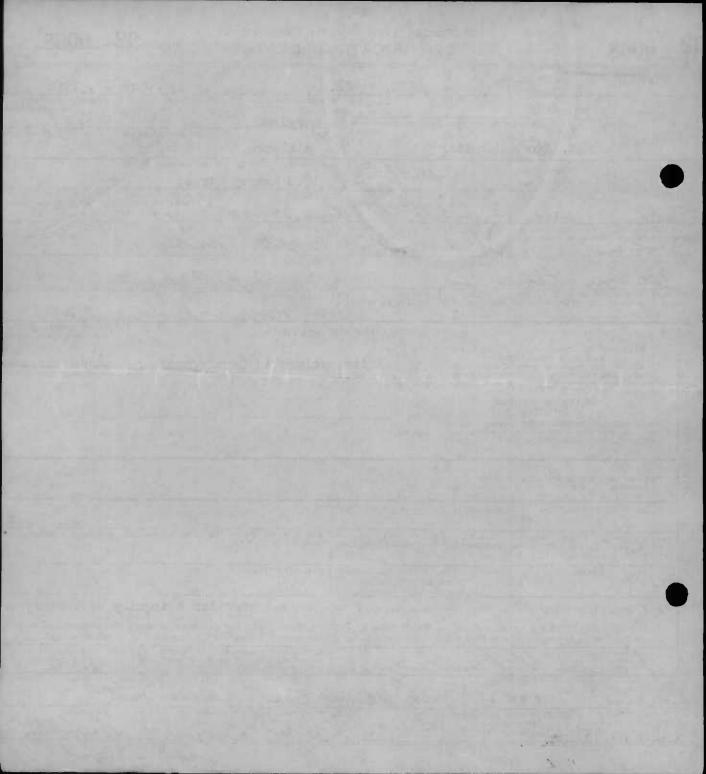
Registered No-NAME OF DECEASED 2. DATE (Type or Print) OF Veronica (Koros) Mendelus DEATH 6-26-1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write i oRAL and give INSTITUTION township) 807 Soth. Glover Street Baltimore D. STREET ADDRESS (If rural, give location) Vre Mos c. Length of stay in Baltimore 807 South Glover Street
OF BIRTH

9. AGE (In years | It Under I House | Min. | Months | Days | Hours | Min. Dava 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR OR RACE Married 8-25-1889 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. Housewife Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jan Dziewiecki Mary Wisniewska 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Jan Mendelus 807 S. Glover St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E, INJURY OCCURRED F INJURY WHILE AT NOT WHILE! 26-519_, that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at // 50 m., from the causes and on the date stated above. deceased alive on La 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 8-1-1952 Stanialaus Dundalk DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

+ 4000 AND THE STATE OF THE STATE OF

BALTIMORE CITY HEALTH DEPARTMENT

S 6US8	CERTIFICATE	OF DEATH	Registered	210, 170/10
1. NAME OF DECEASED (Type or Print) EDWIN	LEYE, JR			27, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A	STATE	Where deceased lived. 3	If institution: residence before a mission)
B. FULL NAME OF OF The hospital or institution St. Agnes Hospi		Maryland CITY OR TOWN (I Baltimore	outside corporate lim	nits, write Nith L and give township)
congth of stay in Baltimore	49 Yrs. Mos. Days	. STREET ADDRESS (If	rural, give location) treet	
	OWED, DIVORCED (Specify)	LOATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yaar If Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. Kilorkalone during most of working life, even if retired)		Beld.		12. CITIZEN OF WHAT COUNTRY?
Edwin Leye S	1.	4. MOTHER'S MAIDEN N	Place	_
15. WAS DECEASED EVER IN b. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	M. Harrie	1 P. Ley	ADDRESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused described by the state of the above cause (a) STATING UNDERLYING CONDITION LAST. DISEASES OR CONDITIONS, IF ANY, GIVEN THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELABLED.	e.g., (A) Arteri case, ath.) DUE TO VING THE DUE TO (C)	osclerotic Card	iovascular I	disease
TO THE DISEASE OR CONDITION CAUSING		ION		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21B. F UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	PLACE OF INJURY (e. g., in or ne, farm, factory, street, office bldg., etc.)		If in Baltimore City	, give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?	
the evidence obtained by said Avand death in my opinion resulted	utonsu Inspection or Inc	Autopsy, wiry, find that said d	Inspection or Inquir.	y the day stated above
Hauley J. De	ulacles M.D.	238, CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGA	EXAMINER	6/28/52
24A. BURIAL, CREMA- TOT, REMOVAL (Specify) 7-1-52	mrt. Olive	A Cen B	alto m	1
DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR JUN 301952	Williams Mer	Seol & Be	yer fr	VIZ/folling
V S 151	690 3	U /	3al8.2	3 And



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BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARGARET HOCK DEATH June 28, 1952. A. Baltimore City, Maryland 917 8. Clinton St. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate linits write RURAL and give c. CITY OR TOWN INSTITUTION (township) Baltimore D. STREET ADDRESS (If rural, give location) Life Yrs. Mos. 917 S. Clinton St. c. Length of stay in Baltimore Days 9. AGE (In years if Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)
Widowed Female 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

Retited INDUSTRY WHAT COUNTRY? U.S.A. House Work Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. Pulsfort Elizabeth Bocklage 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go or nnknown) (If yes, give war or dates of service) 16 SOCIAL 17. INFORMANT ADDRESS (Yes, ao or nnknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY yorandeal degreerate LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B, MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from March 10, 1951, to Jane 28,1957 that I last saw the deceased alive on 2 21, 19 52, and that death occurred at 125 Am., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-2.C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) 7401 German Hill Rd. Ba.Co., Md. June 30,1952 Sacred Heart Cemetery ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY 901 S. Conkling St. LOCAL REGISTRAR

TO THE 28, 1972.

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M. . ob. E. . bp EES Name of Inch

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BIRTH	NO.		
1. NAME OF DECEASED (Type or Print)			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

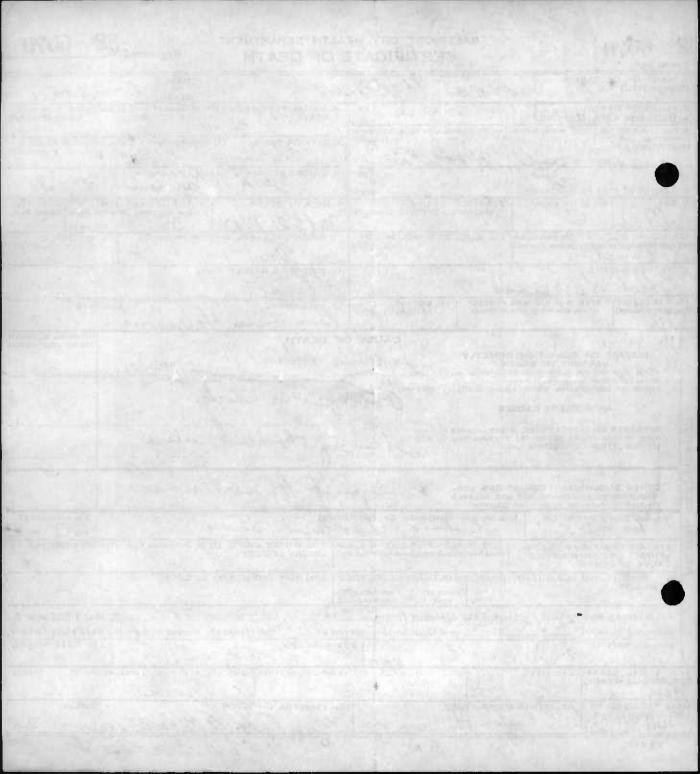
SONTEE HARRISON

Registered	52	6070
reckistered	110	

6-28-52

2. DATE OF DEATH

3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where decease A. STATE Mary Care) B. CO	d lived. If institution: residence UNTY before admission
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION)	or institution, give street address or location)		orate limits, wate RURAL and give township
c. Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rura) give lo	cotion) St - 3/
	SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (It last birt 38	n years If Under I Year If Under 24 Hours hday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work do de during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	y) 12. CITIZEN OF WHAT COUNTRY
13: FATHER'S NAME	9	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or ooknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. WFORMANT Rose ann Horres	ADDRESS
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d	RECTLY Myocali	of DEATH I Ischema	INTERVAL BETWEEN ONSET AND OEATH
heart failure, asthenia, etc. It means to injury or complication which cause ANTECEDENT CAUSES	sed death.) OUE TO	opentie Shock	*
Z DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	NY, GIVING ATING THE DUE TO	ing churchend who	ల
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DESCRIPTION CA	T RELATED	int by pertense	on
6-27-52	Bleening of Jen	orlenal when	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF (NJURY (e.g., io bout home, farm, factor street, office bldg., et		ore City, give exact location)
210. TIME (Month) (Day) (Year) (House)	our) 21E. INJURY OCCURRE MHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended deceased alive on, 1	ded the deceased from 6-1954, and that death occur	red at 1: 20 Am., from the causes of	, 19 ⁵² , that I last saw th
23A. SIGNATURE . J. B	Borges M.O. 2:	3B. ADDRESS/neversity/	23C. BATE SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify)	952 24c. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (C	City, town, or county) (State)
LOCAL RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR Huntington	on Williams My	Mus Loth G. Elle	ADDRESS sitraughter
VS 150	9 5 2 97099	1129n.Ca	erling St



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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased liv d, If institution : residence A. Baltimore City, Maryland A. STATE B. COUN before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits write RURAL and live C. CITY OF JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. (If rura), give location) D. STREET Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (in years If Under I Year If Under 24 Hours 5 SEX INGLE, MARRIED last birthday) | Months | Days | Hours | Min. WINOWED, DIVORCED (Specify) TOA. USUAL OCCUPATION (Give kind of work do of during most of working life, even if retired) 108, KIND OF USIN SS OR 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U. S. ARMED FORCES?
es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITA INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\overline{\mathbf{0}}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY WHILE AT NOT WHILE 29, 19 2 that I last saw the 19, 19 12 to 22. I hereby certify that I attended the deceased from_ deccased alive on 1951, and that death courred at Pm. from the causes and on the date stated above. 23A. SIGNATORE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burnal ADDRES DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

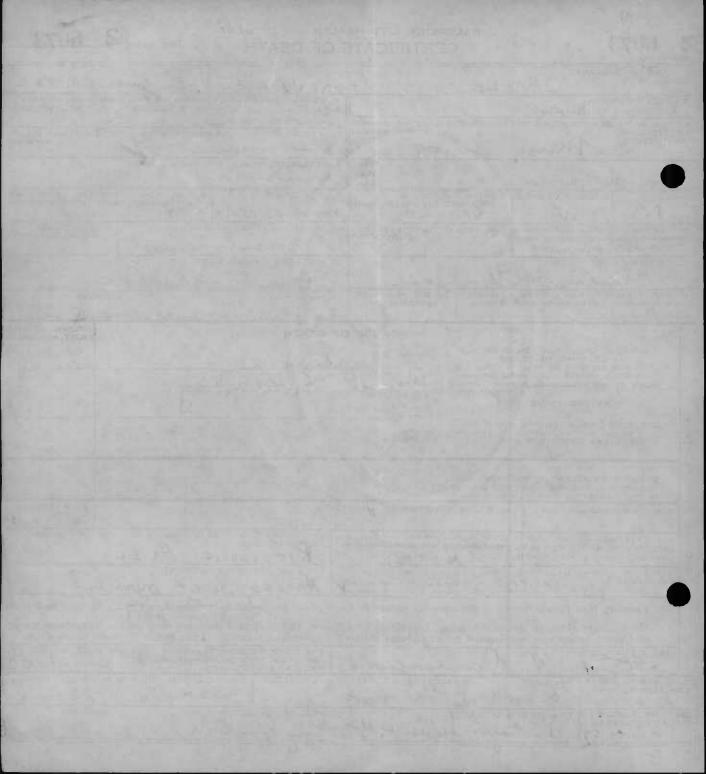
Registered No. 6072

BIRTH NO.	Control	CERTIFIC	CAIL	OF DEATH	iveg istered	100
I. NAME OF D	ECEASED				2. DATE	
(Type or Print)	MARTA C. PTAC	ENTINO			OF	me 28 1952
B. PLACE OF D	EATH:		1	4. USUAL RESIDENCE (W	Vhere deceased lived.	If institution: residence
	City, Maryland	I am implify time	da	A. STATE	B. COUNTY	before admission)
S. FULL NAME	OF (If not in hospita	al or institution, give street ad	dress or ocation)	Maryland c. CITY OR TOWN (If	outside corporate in	nits, write LURAL and give
INSTITUTION	4131 Eierman	Ave.			21.	township)
0	TELEVISION OF THE PROPERTY OF	11100	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
			Mos.			8/4/13/11/11
	tay in Baltimore	7 CINCLE MARKET	Days	8. DATE OF BIRTH	Ave.	If Under 1 Year If Under 24 Hours
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify)	8. DATE OF BIRTH	last birthday)	Months Days Hours Min.
Female	White	Widow		Oct. 19. 1867	84	
IOA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINESS	OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		At home	JOINT	Italy		THAT COUNTRY!
13. FATHER'S N				14. MOTHER'S MAIDEN NA	AME	
Giustino	Unhand			Unknown		
15. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL				ADDRESS
Yes, no or unknown)	(If yes, give war or dates	of service) SECURITY	Y NO.	17. INFORMANT	1700 700	ADDRESS
No			3	ylvan Piacentino,	4131 Eierm	interval Between
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Cerelical vasculdue humshing 5 hro, heart failure, asthenia, etc. It means the disease, but to be a complete or						
	TO THE DEATH, BUT DISEASE OR CONDITION					
19A. DATE C	OF OPERATION 1	9B. MAJOR FINDINGS OF	F OPER	ATION	12 142 151	20. AUTOPSY?
	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY about bome, farm, factory, street, of	í (e. g., ir Mes bldg., e		If in Baltimore City	yes No
21D. TIME	(Month) (Day) (Year)	(Hour) 21E, INJURY O	CCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY		WHILE AT NO	OT WHILE			
22. I hereby certify that I attended the deceased from June 28, 195 to June 28, 195, that I last saw the						
deceased alive on 192. In and that death occurred at 12:34 m., from the causes and on the date stated above.						
23A. 91GNATURE 23B. ADDRESS 23C. DATE SIGNED						
R	best his	1-		023 Wright are, Br	etti 5 Jul	- Chane 30, 1952
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial DATE RECEIVE LOCAL REGIST	D BY REGISTRAR	s signature	M.S.	25 FUNERAL DIRECTOR	1211816	ADDRESS ON S
	U_1010	/	-			

TO STATE OF THE ST

TO DELLA STATE OF THE BOAT

36	0	DALTI	AODE CITY U	EALTH DEPARTMEN		
3 60	73			E OF DEATH	Registered	6073
BIRTH NO.		<u> </u>			9	
1. NAME O (Type or Pri	T DECEASED CHA	RLES	A G	ODDVEAR	2. DATE OF DEATH	28,1952
	F DEATH: re City, Maryland			4. USUAL RESIDENCE	(Where deceases) wed. If B. COUNTY	institution : residence before admission)
B. FULL NA HOSPITAL INSTITUTIO	OR	lai or institution,	give street address or location)	c, CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
21	- Warey	1803	Yrs.	o, STREET, ADDRESS (If rural give location)	
c. ngth	of stay in Baltimore		Mos. Days	unknow	\	
5. SEX	6. COLOR OR RACE	7. SINGLE. M WIDOWED. SING	DIYORCED (Specify)	march 28,190	last birthday) Mo	f Under 1 Year If Under 24 Hours on the Days Hours Min.
ork done during	OCCUPATION (Give kind of most of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER		1		14. MOTHER'S MAINEN	NAME .	
6	harles m.	Goody	ear	Clara E.	Schreen	er
Yes, no or unkn	EASED EVER IN U.S. ARME own) (If yes, give war or date	D FORCES?	SECURITY NO.	17 INFORMANT	A (11)	DDRESS
unier E	an I v		CAUCE	This are	merse / ron	INTERVAL BETWEEN
18. E	SEASE OR CONDITION	DIRECTLY	CAUSE	OF DEXTH		ONSET AND DEATH
heart	LEADING TO DEA does not mean the mode failure, asthenia, etc. It me or complication which	of dying, e. g., ans the disease,	as as	phyxia	· · · · · · · · · · · · · · · · · · ·	
mjur	ANTECEDENT CAU		OUE TO	hang	ring	
Z DISE	ASES OR CONDITIONS,	IF ANY GIVING	(B)		<u> </u>	
RISE	TO THE ABOVE CAUSE (A)	STATING THE	OUE TO			
5			(C)			••••••
Y TRIBU	II R SIGNIFICANT COND TING TO THE OEATH, BUT	NOT RELATEO				
**	TE OF OPERATION		NDINGS OF OPER	ATION		20. AUTOPSY'7
٧					(TA : D) !!	YES NO
UNDERL	TERNAL CAUSE WAS YING POR CONTRIB- CAUSE OF DEATH	about home, farm,	OF INJURY (e. g., I factory, street, office bldg.,	te.) INJORY OCCUR?	(If in Baltimore City, and ATEL	
	IE (Month) (Day) (Year		INJURY OCCURR	ED 21F, HOW DID INJU	<u> </u>	•
OF INJU	IRY June 28, 195	2 m. WHIL		W HANGED -	PELF byme	ch
22. 1 c	ertify that I took cha	rge of the ren		bove, held an	peter o Jung	_ thercon and from
the	evidence obtained by Ladeath in my opinion	said Autopsy resulted from	, Inspection or In: natural cause	Inquiry, find that said \square , accident \square , suicident \square , suicident \square .	deceased died on the homicide , a	ne day stated above undetermined [].
23A. SI	Carley H.	Dune	Coclus	23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	c. DATE SIGNED
24A. BURIA	AL, CREMA 2 B, DATE AL (Specify)	240	HALLIS		LOCATION (City, town,	pr county) (State)
DATE RECE	IVED BY REGISTRAR	'S SIGNATURE	(11: 147	25. FUNERAL DIRECTO	ROU	ADDRESS
LUN 3		inglow VV	elleaus, Mg	- Wm Goods	Juc., 121	7-16. Kay
V S 151	N991X		Sand Sens	0 , ,	h.	



CERTIFICATE OF DEATH Registered No.	6074
CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED 2. DATE	
(Type or Print) LAWRENCE T. SCALLY OF DEATH June 28	3, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution in the state of the	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, writer)	WIND AND SANSON
HOSPITAL OR INSTITUTION 2722 Cheswolde Road location C. CITY OF TOWN TO (If outside corporate limits, well	township)
5 Years Yrs. O. STREET ADDRESS (If rural, give location) 2722 Cheswolde Road	
M W G.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Dec. 16, 1881 9. AGE (In years last birthday) Months:	Year If Under 24 Hours Days Hours Min.
IOA USUAL OCCUPATION (Circlinded) 109 KIND OF BUSINESS OF 11 BIRTHDI ACE (State or foreign country)	HAT COUNTRY
13. FATHER'S NAME OPERATIVE 14. MOTHER'S MAIDEN NAME	
Patrick Scally Ann Cummings	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JOSEPH Scally 3024 Barclay	Street
	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Immediad
(This does not mean the mode of dying, e.g., (A)	वा व
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DIE TO	
ANTECEDENT CAUSES	5 100
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
) (C)	*****************************
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If in Baltimore City, give e	
LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	W. Marian
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 1-28, to 6-28, 1952, the	at I last saw th
deceased alive on 6.28, 19.02 and that death occurred at find m., from the causes and on the do	
	C. DATE SIGNED
Jun M.O. II (three of-	636-12
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or eo	unty) (State)
Burial July 1, 1952 St. Joseph Cenetery Texas Maryland	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADD	DRESS
JUN 301952 Huntington Williams Maries F. Evans & Son	
vs 150 (118) W. Mt. Royal Ave.	
690 CA CA WING ROYAL AVE.	

Dr. Philip Fylnn 11 E. Chase St.

2	350							
2	2 BBR	158342	BAL	TIMORE CITY HE	ALTH DEPARTMENT		52	6075
-5	6075			CERTIFICATI		Register		
	NAME OF D	ECEASED				2. DATE		
	ype or Print)		o Gaeta	na (or Enric	o Di Gaetano)	OF DEATH	June 28,	
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased live B. COUNT		on: residence efore admission)
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland	If outside and	Par S	10
IN	STITUTION	Baltimor	e City	Hospitals	Baltimore (If outside comporate	umits, write I	township)
	and had a	A		Yrs. Mos.	D. STREET ADDRESS (I			
	SEX	tay in Baltimore	7. SINGLE	40 yrs. Days	8. DATE OF BIRTH	9. AGE (in year		or If Under 24 Hours
1	Male	White	WIDOW	ED, DIVORCED (Specify) ingle	Sept. 3, 1885	last birthday) Months Da	Hours Min.
worl	k doneduring most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Ital			IZEN OF
13	Stree's N	t Cleaning	Bal	t. City	14. MOTHER'S MAIDEN I			
		Charles G	The state of the s	(D)	Clara			
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: B. C.	H. 4940 Ea	stern A	renue
	18.002	X		CAUSE	OF DEATH			ERVAL BETWEEN
7	DISEAS	E OR CONDITION		D. 1	nary Tuberculosi	•		a DEATH
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	·, (A)	nary Ideacators			
	injury or	complication which o	aused death) DUE TO				
7	100	ANTECEDENT CAUS	ES	(B)				
O		OR CONDITIONS, IN		G		•	***************************************	
ERTIFICATION	UNDERLY	ING CONDITION LA	ST.	(C)				***************************************
IFI		11						
ER		IGNIFICANT CONDI						
Ü		F OPERATION 1		r. FINDINGS OF OPER	ATION		1	
AL		2					YE	
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e		(If in Baltimore C	ity, give exac	et location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	TE. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?		-
	i insolti		m.	WORK NOT WHILE				
	22. I hereb	y certify that I att	cnded the	deceased from 4	-16 , 19_52 to_	6-28 , 1	152_, that	I last saw the
	deceased al	and the same of th	_, 1952	and that death occur		the causes and		
	23A, SIGNAT	ORE S.	(2	4 -	38. ADDRESS 40 Eastern Avenue	8	23c. I	DATE SIGNED
24	4A. BURIAL, (ON, REMOVAL (S	CREMA- 24B. DATE	16	4c. NAME OF CEMETE		LOCATION (City,	town, or count	ty) (State)
	BURIAL	/58 July 1	# 195	2 New Cathe		Frederick		IT Ma.
D/	ATE RECEIVE		SSIGNATU	RE	25 JUNERAL DIRECTOR	1 32	ADDRE	gh St.
_	JUN 301	952 Hating	ton No	Maus, My -	Fraul Well	a hope	_ 0.UI5	, II O T •
	VS 150	9	5	0 6601	99 7 9			
				7/00	13 . 4			

Maria . Disable Tolonomia Esacta the set of the set of the second seco Additional information from C D Report Card #00817 dated 6/30/52 from Dr. Norman Shaver, JHH - ES

COMIO

6078	3		CERTIFICATI			0 No.
BIRTH NO.						
1. NAME OF (Type or Prin		n W. St	iffler		2. DATE OF DEATH 6	- 27 - 52
3. PLACE OF	DEATH: City, Maryland		Single Storms	4. USUAL RESIDE	NCE (Where deceased lived B. COUNTY	. If institution: residence before admission)
B. FULL NAM	E OF (If not in hospit		ion, give street address or location)	Maryland	none	
HOSPITAL O	1 monoganos o			c. CITY OR TOWN Baltimore	(II outside corporate ii	mits, write AURAL and give township)
10	2601 Roslyn	илешие	life Yrs.		SS (If rural, give location)	
c. Length o	f stay in Baltimore		Mos. Days	3403 Wabas		
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
male	white		ridowed	3 - 10 - 66		Months Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of out of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	itate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	man - retired		. furniture	Maryland		U. S.
13. FATHER	NAME	1000		14. MOTHER'S MA		
	William Henry		r	Mary Cha	rlotte McCleary	
15. WAS DECE Yes, no or unkno	ASED EVER IN U. S. ARME wn) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				W. Lawrence	Weeks 1532 Ro	sedale St.
heart finjury DISEA	LEADING TO DEA loes not mean the mode of silure, asthenia, etc. It mer or complication which ANTECEDENT CAUSE SES OR CONDITIONS, I THE ABOVE CAUSE (A) RLYING CONDITION LA	of dying, e. guns the diseas caused death SES F ANY, GIVIN STATING TH	(B) Sever	rebral p alizel mibleg	Atmorrha Arteriosele ia Rit.	
TRIBUT	II SIGNIFICANT COND ING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D	Certeus	ion	7 400.
			FINDINGS OF CHE	ATION		20. AUTOPSY?
₹						YES NO
LYING	OR CONTRIBUTING DE DEATH	about home,	ACE OF INJURY (e. g., i farm,factory,street, office bldg.,	n or 21c. WHERE D		ty, give exact location)
21D. TIM	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I he	reby certify that I at	tended the	deceased from	-27,195		9 Shat I last saw the
deceased	alive on 6-27	19.50	and that death occur	rred at 11 12m.	, from the causes and o	n the date stated above.
23A. SIG	NATURE DOS	How	M. D.	3105 N. Char		23c. DATE SIGNED 6 = 30 = 52
24A. BURIA TION, REMOVA	L CREMA- 248. DATE	30	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	own, or county) (State)
Buris		52	Woodlawn		Woodlawn, Mary	yland
LOCAL DEG	VED BY REGISTIAN		Wir.	John O.Mitche	ell & Sons, Inc.	ADDRESS 1900 Eutaw Plac

JUN 3 0 1952 VS 150 Dr Liver

3105 n. Charles J.

Continue to the second to the second

-4	60				
2 60'	79		ATE OF DEATH	Registered No.	6079
1. NAME OF (Type or Prin	Char	les H. Mille	» H	2. DATE JUN 30	1952
3. PLACE OF A. Baltimor B. FULL NAI	e City, Maryland	tal or institution, give street addre	4. USUAL RESIDENCE (W		ution (residence before admission)
HOSPITAL C	P .		41 \	outside corporate limits, wri	
	f stay in Baltimore	II.	Yrs. D. STREET ADDRESS (If r. Days)	ural, give location)	
male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S.	8. DATE OF BIRTH R-2,2-98	9. AGE (In years If Under last birthday) Months	Year If Under 24 Hours Days Hours Min.
ork donoduring n	OCCUPATION (Give kind of nost of working life; even if retired)	108. KIND OF BUSINESS O INDUS CONST	TRY Marin		WHAT COUNTRY
13. FATHER	arles J.	miller Sr.	Mary True	ndenson	/
15. WAS DECE Yes, no or unkno	(ASED EVER IN U. S. ARMEI wn) (1f yes, give war or date	D FORCES? 16. SOCIAL s of service) SECURITY N	17. INFORMANT	HOPKING ADDRE	sa f L
(This o	EASE OR CONDITION LEADING TO DEAloes not mean the mode callure, asthenia, etc. It mea	DIRECTLY TH of dying, e. g., ns the disease.	rbral artinge		NTERVAL BETWEEN
RISE TO	ANTECEDENT CAUS SES OR CONDITIONS, II D THE ABOVE CAUSE (A) RLYING CONDITION LA	(B)	ypukusia		10 40.
TRIBUT	II SIGNIFICANT CONDI ING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			7
		98. MAJOR FINDINGS OF C	PERATION		20. AUTOPSY?
LYING	OR CONTRIBUTING	218. PLACE OF INJURY (e about bome, farm, factory, street, office	b.g., in or 21c. WHERE DID (If bldg., etc.) INJURY OCCUR?	in Baltimore City, give e	xact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCI	HILE	OCCUR?	
22. I her deceased	alive on 6-30-	ended the deceased from a, 1952, and that death o	ecurred at 6 7 m., from the	30-, 1967ho e causes and on the da	te stated above.
2,4A. BURIAL	CREMA- 24B, DATE	teleman M. D.	. VOHNS HOP	CATION (City, town, or con	-30-52
TANKS PECEL	(Specify) 7-2-	52 London S SIGNATURE	Park S	elto ma	PRESS
JUN 3	51952 + + +	to Williams 18	There 9. Con	nelle Es	sex mil
VS 150		570	246076		

Carlina .

Called Medical Examiner's Office

52 6081	
BIRTH NO.	

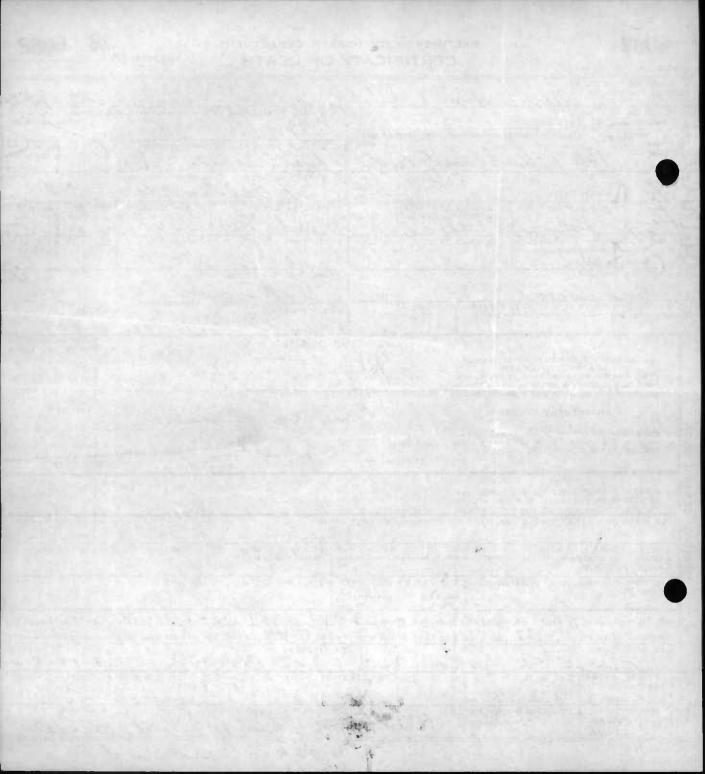
2	608	1	DAL	CERTIFICATI	F OF DEATH	Registered No.	5 6081
BIRT	H NO.			CERTIFICATI	E OF DEATH		
	AME OF D	ECEASED				2. DATE OF (400 4	
(1)pe	e or rrint)		Joseph	h Evans Hawk	ins	DEATH 6/28/	52
	altimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived, If inst B. COUNTY	itution: residence before admission)
HOS	JLL NAME PITAL OR TITUTION	of (If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limits,	rite RURAL and give township)
-07		olo Daulece	a Ave	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	igth of s	tay in Baltimore	Lii	Mos.	1810 Laurett		
5. SE	EX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years f Under last birthday) Months	
	Male	Negro		rried	12/3/04	57	
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF
		of working life, even if retired)	Do1+	INDUSTRY	nn Daltdwann	wa	WHAT COUNTRY?
	ATHER'S	echanic	Balto		rp. Baltimore	AME	
			U.	S. Signal Corps			
		k Hawkins			Maggie Blake		
Yes, n	o or unknowu)	ED EVER IN U. S. ARMED (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
Y	es	WWL		212-10-7443	Mrs. Dorthy	Hawkins, 1810	Lauretta
11	8. 2 4	1 4		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTI Y	N/	. 71.	1	ONSET AND DEATH
		LEADING TO DEAT	ТН	Chan	us Myorus	deles -	74x
	heart failu	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	e, (A)	in Bruchi		
	injury or	complication which c	aused death	DUE TO			
		ANTECEDENT CAUS	ES	(diam	in Brand	MATLE	15418
z				(B)	ay Juneau	que	10/12
읟	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A)	STATING TH	.0			
[]	UNDERLY	YING CONDITION LA	ST.	(C)			
FICATION							
RTI		Н					
띺		SIGNIFICANT CONDI					
Ü		ISEASE OR CONDITION					
1 1	9A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
<u> </u>			<u>/=10_1</u>				YES NO
		ENT WAS UNDER-		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		lf in Baltimore City, give	exact location)
Σ _		(Month) (Day) (Year)	(Hone)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	V OCCUR?	
	F INJURY	(Month) (Day) (lear)				. 0000	
			m.	WORK NOT WHILE			
2	22. I hereb	y certifythet I at	tended the	deceased from the	ne/, 1952 to	WC28 , 1957	hat I last saw the
		live on 6/28/		and that death becu	A . M.	he causes and on the	
	BA. SIGNA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3B. ADDRESS	00- 11	3C. PATE SYGNED
		Marton	76	M. D.	450W/Jedd	6081 G	0/30/52
24A.	REMOVAL	CREMA- 248. DATE		24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
TION,	REMOVAL (S	Specify)	50	Dolladmana M	attenal D.1	44 mana - W	1000
DAT	E RECEIVE	D BY REGISTRAR	SSIGNATE	Baltimore N	25. FUNERAL DIRECTOR	timore, Mary	DDRESS
LQC	AL REGIST	RAP	J	NIL: MES		000	
JL	JN 301	936 Turk	uglow 1	1. Valuation 1 2	Charles R. La	w,802 Madison	n Ave.
	VS 150		1 6 9 1	5 2 6 1	60,0		
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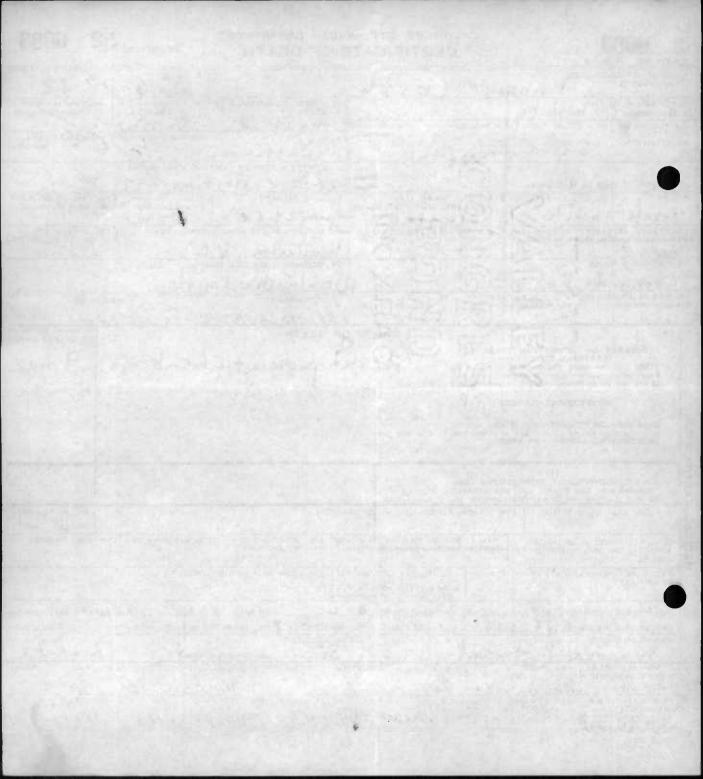
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6082
DIDTH NO

	52	6082
egistered	No	0000

000%	CEPTIFICAT	E OF DEATH	Registered No.	
BIRTH NO.	CERTIFICAT	C OF DEATH	7	
1. NAME OF DECEASED (Type or Print)	ie (Siny) Wil	Kine	2. DATE OF DEATH	291952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	nere deceased lived. If inst	itution: residence before admission)
	pital or institution, give street address or location)			
INIOTITITION	Ishland are	C. CITY OR TOWN (If o	utside corporate limits, w	township)
c. Length of stay in Baltimore	Yrs, Mos. Days		ural, give location)	
5. SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years) If Undo last birthday) Month	s Days Hours Min.
10a. USUAL OCCUPATION (Give kind		11. BIRTHPLACE (State or for	eign country) 12	. CITIZEN OF
work done during most of working life, even if retire	ed) INDUSTRY	Na.		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME	
unknow		Unknow	on	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give war or de	AED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	- 1514 5 E	RESS
18. 502 V	CALISE	OF DEATH	10.10	INTERVAL BETWEEN
DISEASE OR CONDITION				ONSET AND DEATH
LEADING TO DE	ATH of dving, e. g.,	helennis	~	
heart failure, asthenia, etc. It m injury or complication which	neans the disease,		***************************************	***************************************
			A.	
ANTECEDENT CA	(B)	lyscende	lus	
DISEASES OR CONDITIONS	, IF ANY, GIVING	1014		• • • • • • • • • • • • • • • • • • • •
UNDERLYING CONDITION	LAST.	replication		
<u> </u>	(C)		***************************************	
OTHER SIGNIFICANT CON				
IN TRIBUTING TO THE DEATH, BU	JT NOT RELATED			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	PATION		20, AUTOPSY?
A ISV. BALL OF OF ENATION	138. MASON TINDINGS OF OFE	ATTON		YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING			in Baltimore City, give	1
LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?		
ID. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
FINJURY	m. WHILE AT HOT WHILE			
22. I hereby certify that I		-// 1951, to 9.	- 2.9 , 1952, t	hat I last saw the
	7, 1952 and that death occur	rred at 11: 45 Pm. from the	e causes and on the	date stated above.
23A. SIGNATURE		3B. ADDRESS	2	3c. DATE SIGNED
Jeen d	Cedam M.D.	2327 M. W		1-30-5-5
24A. BURIAL, CREM 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 249. LO	CATION (City, town, or	county) (State)
Remoral July	12/52	Kal	rosse	Va.
DATE RECEIVED BY REGISTRA	SIGNATURE	25. FUNERAL DIRECTOR	0 00 · · · · · · · · · · · ·	DDRESS
JUN 3 0 1952	Justington Welliams,	Mithe loft. U.	Ellets , D.	engeter
VS 150	to had too to	6 1297 Ca	while of	
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6	608	3 ,			HEALTH DEPARTMENT	Registered :	52 6083
	NAME OF D	FCEASED .		CERTIFICA	TE OF BEATT	2. DATE	
(T	Type or Print)	Tho	mas	Carten		OF DEATH 6-	28-25
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	tal or instituti	ion, give street address locatio		outside corporate limi	ts, write RURAL and give
11	NSTITUTION	Sinai	Hos	ista (Baltimor	1-	township)
c.	Ooth of st	tay in Baltimore		2 Yrs	1 1 5 12 E B.	rural, give location)	15 4
_	SEX	6. COLOR OR RACE		MARRIED,	B. DATE OF BIRTH	9. AGE (in years)	
	Mak	white	1 21	FD, DIVORCED (Speci	July 24 50	Lone	onths Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME	-		14. MOTHER'S MAIDEN	LAME	USK
	Leonar	d Cal			Eula Mail	N.	
	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
	NO			NONE	LEONARD CARTI	-R - LUMB	erton N.C.
	18. 204	60					DNSET AND DEATH
		10		CAUSE	OF DEATH		DUSEL VAD DEVIN
		E OR CONDITION LEADING TO DEA	TH	Δ.	. 1	Loukeni	0
	(This does heart failu	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes	TH of dying, e. g ans the disease	· Acu	. 1	Lenkeni	0
	(This does heart failu injury or	not mean the mode ore, asthenia, etc. It mes complication which	TH of dying, e. g ans the disease caused death.	· Acu	. 1	. Lenkemi	0
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CAL CERTIFICATION	(This does heart failure in jury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING TO THE DI	LEADING TO DEA not mean the mode or, asthenia, etc. It mer complication which of the complication which of the complication which of the complication which of the complication of the complication of the death, but sease or condition of the death, but sease or condition of the complication of the complicat	TH of dying, e. g ans the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NDT RELATE I CAUSING IT 19B. MAJOR	(B)	R Lympho cytic		20. AUTOPSY? YES ND
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K	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereby deceased al 23A. SIGNAT	LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which of the second s	TH Of dying, e. g ans the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE CAUSING II 19B. MAJOR 21B. PLA about home, fi tended the 1952.	CE OF INJURY OCCUP WHILE AT NOT WHILE AT WORK deceased from and that death occup ALC. NAME OF CEME M. D. ALC. NAME OF CEME M. D. ALC. NAME OF CEME M. D. ALC. NAME OF CEME	RED 21F. HOW DID INJURE 21F. HOW DID INJURE 21F. HOW DID INJURE 23B. ADDRESS	(If in Baltimore City, ey OCCUR? L-28, 19, the causes and on the causes and on the causes and the causes are caused as the caused as the causes are caused as the causes are caused as the caus	20. AUTOPSY? YES ND give exact location) Chat I last saw the the date stated above. 23c. DATE SIGNED 6-28-52
K	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF INJURY 22. I hereby deceased al 23A. SIGNAT 4A. BURIAL, CON, REMOVAL (S.	LEADING TO DEA not mean the mode or, asthenia, etc. It mer complication which of the complication which of the above cause (A) and conditions. It is a condition to the death, but the death, but to the death, but the death, but the death, but the death of the death	TH Of dying, e. g ans the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE CAUSING II 19B. MAJOR 21B. PLA about home, fi tended the 1952.	CE OF INJURY OCCUP WHILE AT NOT WHILE AT WORK deceased from and that death occup ALC. NAME OF CEME M. D. ALC. NAME OF CEME M. D. ALC. NAME OF CEME M. D. ALC. NAME OF CEME	ERATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE 21f. HOW DID INJURE 23b. ADDRESS ERY OR CREMATORY 24D 25. FUNERAL DIRECTOR	(If in Baltimore City, Y OCCUR? Location (City, town MBLR TOW	20. AUTOPSY? YES ND give exact location) Chat I last saw the the date stated above. 23c. DATE SIGNED 6-28-52
K	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (OF INJURY) 22. I hereby deceased al 23A. SIGNAT	LEADING TO DEA not mean the mode or, asthenia, etc. It mer complication which of the complication which of the above cause (A) and conditions. It is a condition to the death, but the death, but to the death, but the death, but the death, but the death of the death	TH Of dying, e. g ans the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE CAUSING II 19B. MAJOR 21B. PLA about home, fi tended the 1952.	CE OF INJURY OCCUP WHILE AT NOT WHILE AT WORK deceased from and that death occup ALC. NAME OF CEME M. D. ALC. NAME OF CEME M. D. ALC. NAME OF CEME M. D. ALC. NAME OF CEME	ERATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE 21f. HOW DID INJURE 23b. ADDRESS ERY OR CREMATORY 24D 25. FUNERAL DIRECTOR	(If in Baltimore City, PY OCCUR? Local Part of the causes and on the causes and on the course of the causes and on the causes are caused as the causes and on the causes and on the causes are caused as the caused as the caused as the caused are caused as the c	20. AUTOPSY? YES ND give exact location) Chat I last saw the the date stated above. 23c. DATE SIGNED 6-28-52

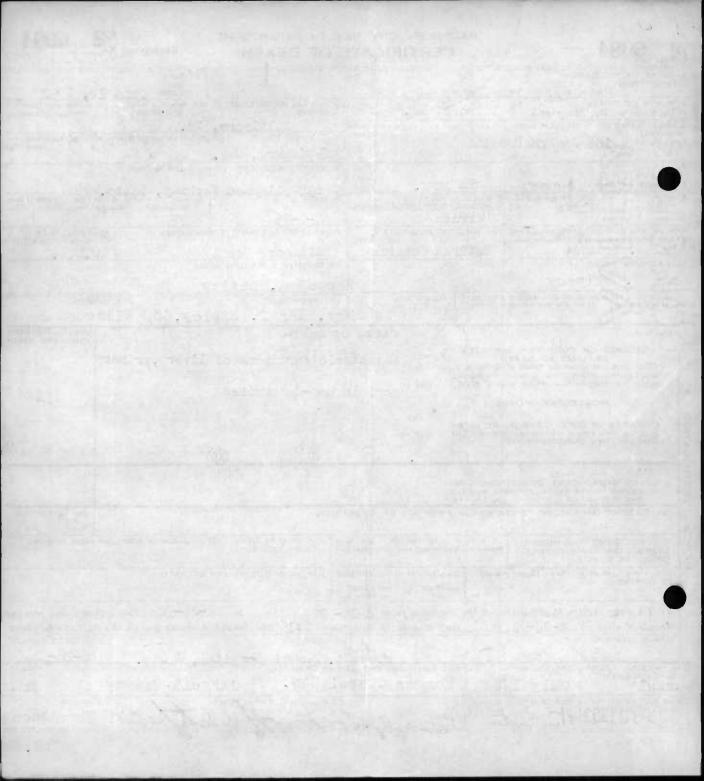


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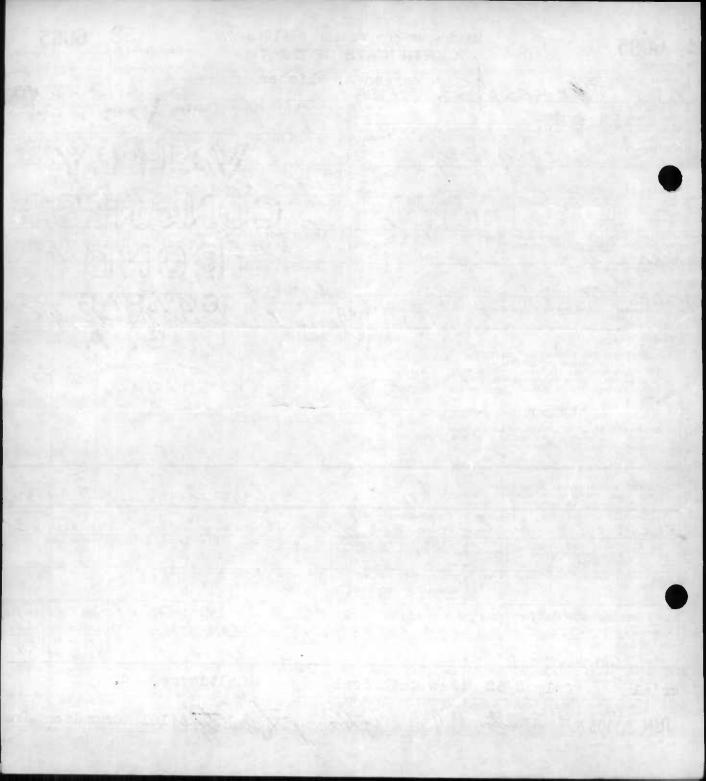
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered	52	6084
unsuerea.	130	

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE
Shipley, Walter Emory	DEATH June 28, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location) INSTITUTIONAINT Joseph Hospital	C. CITY OR TOWN (If outside corporate limits, write WIRAL and give
4-1	Baltimore, Md. 1600 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. agth of stay in Baltimore 52 yrs. Mos. Days	632 Wildwood Parkwat Ralto 20
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min.
Married	1-2-75 77
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR vork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Balto. Transit Retired Pension	Politimana Canada
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Shipley	Rachel A.Shipley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. INFORMANT ADDRESS
(11 yes, give war or dates of service) SECURITY NO. 213 05 96351	rs. Ida V.Shipley, 632 Wildwood PKWY
1	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH	asic carcinoma of liver , primary
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	7,2
injury or complication which caused death) Due to	n non-determined
ANTECEDENT CAUSES	ii non de tel mined
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT COMPITIONS	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION
1 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	INJURY OCCUR?
CAUSE OF DEATH 2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
OF INJURY (MAILE) (MAIL) (MAIL) WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 6-2	6-52, 19, to 6-28-52, 19, that I last saw the
	rred at 2:15 pm., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
1 111022 A M.D. S	St. Joseph Hospital Balto 6-28-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial July 1/52 Morgan Chap	el cem. Carroll County md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR / ADDRESS
JUN 30 1952 Huntington Williams Mit	1/200 A Wallol Edmondson
VS 150	The same of the sa



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54	COOF BALTIMORE CI	TY HEALTH DEPARTMENT	52 6085
Bib	CERTIFICATION CERTIFICATION	CATE OF DEATH	Registered No.
1. 1		esa A. Slicher	2. DATE OF THE TOTAL TRANSPORTED TO THE TOTAL TRANSPORTED TOTAL TRANSPORTED TO THE TOTAL TRANSPORTED TO THE TRANSPORTED T
	LACE OF DEATH!		Vhere deceased lived. If institution : residence
B. F	Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street ac		B. COUNTY before admission)
	TITUTION MEVER HOSS	c. CITY OR TOWN (If	outside corporate limits, write RURAL and rive
		Yrs. D. STREET ADDRESS (IF	rural, give location)
5. S	Sex [6.COLOR OR RACE] 7 SINGLE MARRIED	Days 8.,DATE OF BIRTH	9. AGE (In years) If Under 1 Year If Under 24 Hours
	WHOWED, DIVORCED	(Specify) Dec 1 1909	last birthday) Months Days Hours Min.
Work d	. USUAL OCCUPATION (Give kind of loss KIND OF BUSINESS lone thring most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State of f	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N.	AME
15	John Decken	Inna !	Maren
(Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	Y NO. 17. INFORMANT	icher 1/4 hordington Cl.
	18. /54X CA	USE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	La Monton a d	Rolling -
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	a color A	se com
	injury or complication which caused death.) DUE TO	. generally of	HE VG S VOSES
z	ANTECEDENT CAUSES	V	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
CA	(C)		
RTIFIC	11	1	T 1 3
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	chefice of land	ia tailune ties
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	F OPERATION Reales	20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY		If in Baltimore City, give exact location)
MED	LYING OR CONTRIBUTING about home, farm, factory, street, or CAUSE OF DEATH	ffice bldg.,etc.) ANJURY OCCUR?	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY O		Y OCCUR?
	WHILE AT N	OT WHILE	
	22. I hereby certify that I attended the deceased from		nne 28, 1930 that I last saw the
	deceased alive on MANN 251952 and that deat	h occurred at m., from t	he causes and on the date stated above.
	Carrow of Hemsent	y Mevay	top kine 28 52
IIOI Bu	A. BURIAL, CREMA-24B. DATE 24C. NAME OF CALL		ocation (City_town, or county) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
	JUN 30 1952 Huntington Williams,	Motary H. lines	2/4101 Edmondson Ave
	VS 150	5090	

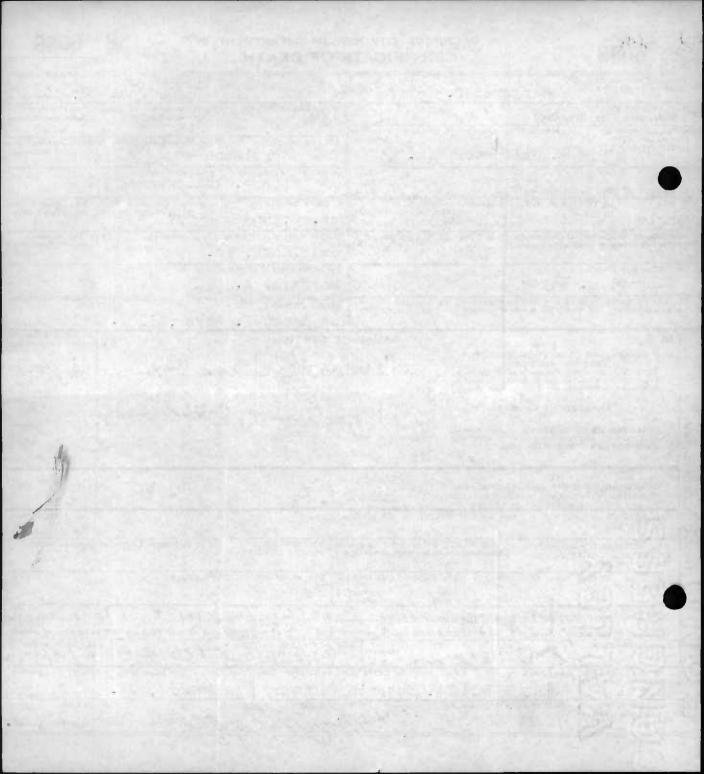


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6086

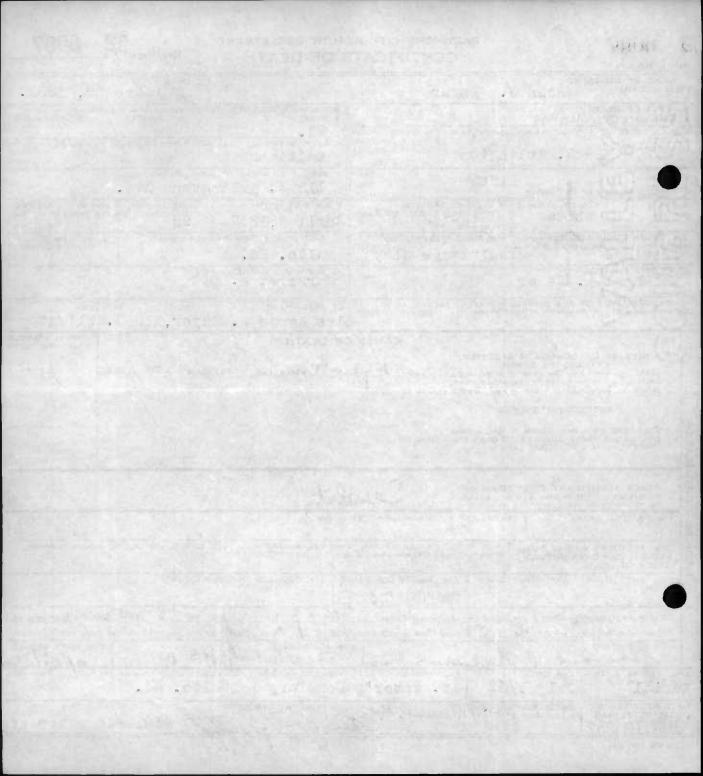
BIRTH NO.	30	C	ERTIFICATI	- OF DEATH	registered	110
1. NAME OF D (Type or Print)		aret J.	Bayer	Malstage	2. DATE OF JUN	e 28, 1952
3. PLACE OF D A. Baltimore (City, Maryland	al or institution	, give street address or	4. USUAL RESIDENCE		f institution : residence before admission)
HOSPITAL OR	118 S. Arl		location)	c. CITY OR TOWN Bal timo	(If outside corporate Mai	its, write RUMAL and give township)
c. Length of s	tay in Baltimore ^L	ife	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location Arlington A	ve
s. sex	6.COLOR OR RACE	7. SINGLE, I	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday)	If Under 1 Year H Under 24 Hours fonths Days Hours Min.
ork done during most.	CUPATION (Give kind of of working life, even if retired)	None	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Baltimore, M		12. CITIZEN OF WHAT COUNTRY?
Michae	L L. Bayer			14. MOTHER'S MAIDEN Margaret A.		
15. WAS DECEAS Yes, no or nnknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT iss Agnes J.		ADDRESS Arlington
(This does heart failt injury or DISEASE RISE TO TUNDERLY OTHER STORY OTHER ST	SE OR CONDITION LEADING TO DEAT a not mean the mode of ire, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) I'NG CONDITION LA III GIGNIFICANT CONDITION TO THE DEATH, BUT	F dying, e.g., ns the disease, aused death.) SES F ANY. GIVING STATING THE ST. TIONS CONNOT RELATED	(A) Core DUE TO (B) Hey DUE TO (C)	bro-Vasane	- dec 3-V. Dire	AV INTERVAL BETWEEN NSET AND DEATH
	DF OPERATION 1		INDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACI	E OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
21b. TIME OF INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCURR		RY OCCUR?	
dcceased a			d that death occur			that I last saw the the date stated above.
23A. SIENA	evars V.	Thee	M.D.	4300 Jules	51th be	6/M/SZ
24A. BURIAL. TION. REMOVAL (S Burial	July	1/52 S	t. Peter's	Cemetery Ba	LOCATION (City, town	•
JUN 30	1952 Huntin	ston Vil	lipus M	arry Tylici		mondson Ave.
110 150	16		1. 40 -		//	



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BALTIMORE CITY HEALTH DEPARTMENT 52 6087

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED John J. Bayer	2. DATE OF June 28, 1952.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Md.
HOSPITAL OR INSTITUTION 118 S. Arlington	Baltimore (If outside corporate limits, write RUK) Land give township)
Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 118 S. arlington Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (in years of Under 1 Year Months Days Hours Min. 95 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Balto. Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael L. Bayer	14. MOTHER'S MAIDEN NAME Margaret A. Ott
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	liss Agnes J. Bayer, 118 S. Arlington
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) DUE TO	extrusive Cordis Vose Dies 240
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ii C	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ett
194 DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	AATION / 20, AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
Z D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	19 X L, 19 , to reme , 19 , that I last saw the
	rred at, from the causes and on the date stated above.
Toward I. Naleus M.D.	Brobelit Ho by 23c. DATE SIGNED
	Cemetery Balto. Md. (State)
DATE RECEIVED BY LOCAL REGISTRAR STIGNATURE MY	25/FUNERAL DIRECTOR ADDRESS 4101 dmondson Ave
JUN 3 0 1952 0 9 5 4 6 9	arm IV. Clubje - LOI amollason AVE



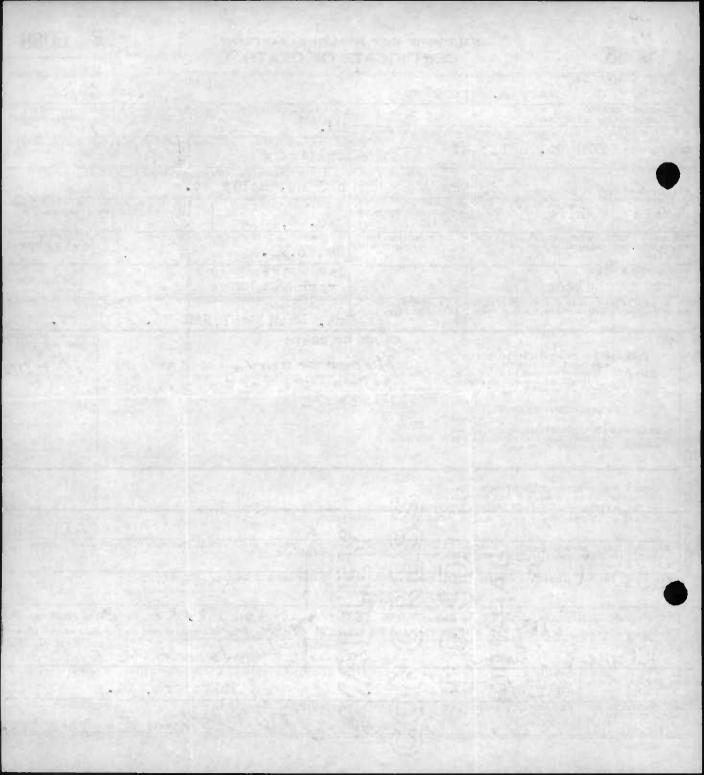
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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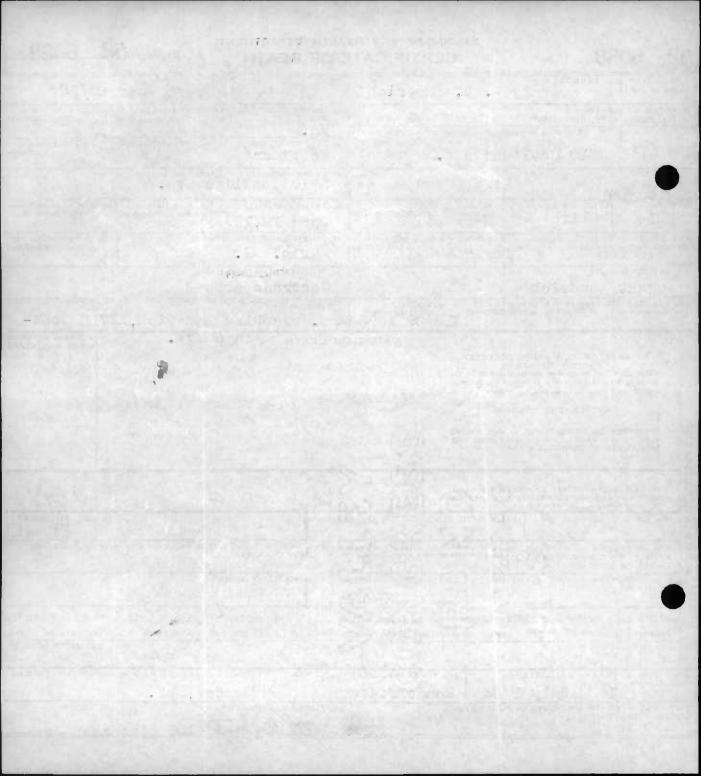
B	IRTH NO.	3		CERTIFICATI	E OF DEATH	Registere	30 NO
1.	NAME OF Di ype or Print)	ECEASED Mary	L. Sp	onsler		DEATH	une 28/52
A.		ity, Maryland			4. USUAL RESIDENCE	E (Where deceased lived B. COUNTY	d. If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	523 Mt. Ho		ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside conformation)	imits write RVRAL and give township)
c.	Length of st	tay in Baltimore	60 y	Yrs. Mos. Days	523 Mt. Holl	ly St.	
5,6	emale	6.COLOR, OR RACE	7. SINGLI WIDOW	E. MARRIED. VED, DIVORCED (Specify) 100 W	B. DATE OF BIRTH Dec. 8,1865	9. AGE (In year last birthday)	Hours Days Hours Min.
1C	NONE	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Balto. Md.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Lott Ni				14. MOTHER'S MAIDE		
15 (Ye	5. WAS DECEASE me, no or naknown)	D EVER IN U.S. ARMEE (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1,523 Mt.	Holly St.
ERTIFICATION	Injury or DISEASES	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	aused death ES FANY, GIVING TI	(B)(2) 2	PSYL	(100 4 2 6 4 6	1810 10 + 4175
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ŁD .			
	19A. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Ci	ity, give exact location)
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I hereb deceased at	TURE P	ended the	deceased from	23B. ADDRESS.		195, that I last saw the on the date stated above.
2 TI	4A. BURIAL.	CREMA- Specify) July 2	/52	Loudon Pk.	Committee of the commit	Baltimore,	Ma.
	ATE RECEIVE OCAL REGIST		SIGNATI	Williams The	25. FUNERAL DIRECT	1	ADDRESS



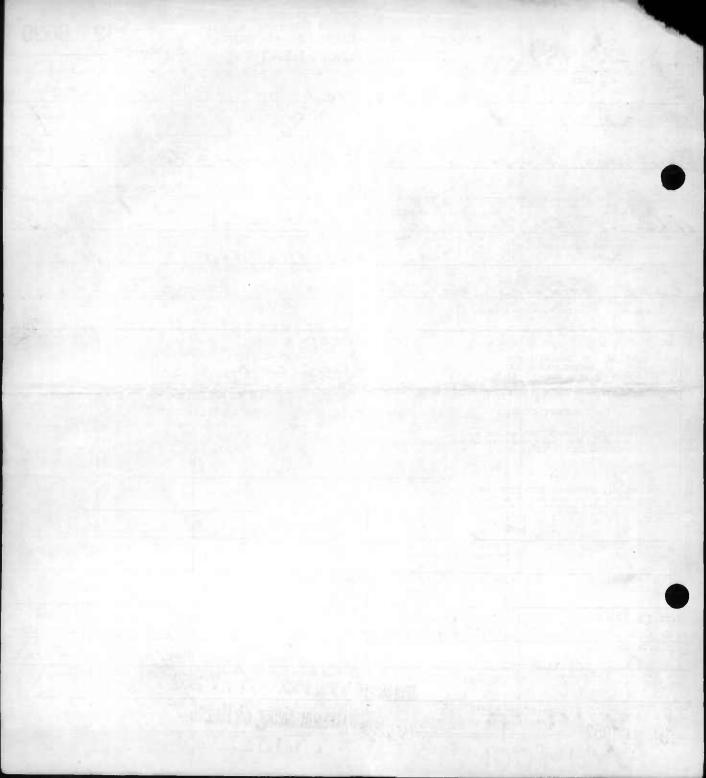
56	2
52 BIRTH	6089

BALTIMORE CITY HEALTH DEPARTMENT

DE 6089	CERTIFICATI	E OF DEATH	Registered No.	<u> </u>
1. NAME OF DECEASED (Type or Print) Henry	J. S. Emmerich		2. DATE OF June 28	3/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita	lar institution give street address or	4. USUAL RESIDENCE (Who A. STATE	ere deceased lived. If instit	tution: residence before admission)
HOSPITAL OR INSTITUTION 3710 Coolid	location)		itside dorparate limits, wh	to RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	3710 Coolidge	AVe•	
Male 6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	June 18,1893	9. AGE (In years If Under last birthday) Months	Year If Under 24 Hours Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork dene during most of working life, even if retired)	ob. KIND OF BUSINESS OR PARKS & Hull	11. BIRTHPLACE (State or fore Balto. Md.		CITIZEN OF WHAT COUNTRY?
August Emmerich	Autos (n)	Gertrude Arco		
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or nnknown) (If yes, give war or dates	of service) GECLIDITY NO	17. INFORMANT Mrs.Josephine E	mmerich, 371	
DISEASE OR CONDITION DEATI (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	dying, e.g., used death.) ANY, GIVING STATING THE DUE TO	io Osculuruy Teli	sine Allsaice Cience	12 year
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	IOT RELATED	Thetempsis		6/26/40
	B. MAJOR FINDINGS OF SPER	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., c		in Baltimore City, give e	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE AT WORK		OCCUR?	
22. I hereby certify that I attedeceased alive on \$28	ended the deceased from 4, 1955, and that death occur	red af 4 m., from the	causes and on the do	at I last saw the ate stated above.
24A. BURIAL CREMA. 24B. DATE TION, REMOVAL (Specify) Burial July 1	24c. NAME OF CEMETER Meadowridge		CATION (City, town, or co	ounty) (State)
Burial July 1, DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S Turting	SIGNATURE	26. FUNERAL DRECTOR		oress
VS 150	49063			



7	1-60	2 6090		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	5. Registered No.	s 6090
	TH NO. 5	2-142	00			Le Date	
(Ту	NAME OF Di pe or Print)	Baby	Bu	y Hart	4/24		2-52
	Baltimore C	EATH: City, Maryland	-		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission)
в. F	ULL NAME SPITAL OR		tal or institution	on, give street address or location)	- 1 .	outside corporate limits, w	rite RURAL and give township)
1	214/0	and Gene	ral H	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Days	311 FOLK		
5.5	ela .	24 hite		, MARRIED, ED, DIVORCED (Specify)	6-22-52	9. AGE (In years Month	er I Year If Under 24 Hours Days Hours Min.
		CUPATION (Give kind of f working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF WHAT COUNTRY?
13.	EATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	4.
10	35€	Charle	2	las Her	Helon M	parie 2/	urd
	WAS DECEASE no or onknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
CO	(This does heart failu injury or	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A	ATH of dying, e, g ans the disease caused death. SES IF ANY, GIVIN	(A) 72	eu a uni'h		INTERVAL BETWEEN ONSET ANO DEATH
3		ING CONDITION L		302.0			
-		H		(C)			
ב	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT	NOT RELATE	.D			
- اد		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
4		0					YES NO P
	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
2 -	210. TIME F INJURY	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK		Y OCCUR?	
T	22. I hereb	y certify that I at			122 19520 6	5/22 , 1957	hat I last saw the
	deceased al			and that death occur		he causes and on the	date stated above.
	23A, SIGNA	1. Valace	en; oly	M. O. 1	Garyland Bee	or Hospital	6/24/52
24. 110	A. BÜRIAL. (N, REMOVAL (S	CREMA: 248. DATE pecify)	2	JOHN HOPKINS	RY OR GREMATORY 24D. L	1952 City, town, or	county) (State)
DA	TE RECEIVE		's signatu		25. FUNERAL DIRECTOR	iatu 7 ^	DDRESS
-	HAN 301	93 <u>Z</u>	0	1 9 ST	6 Yuldlier	4,	



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BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6092

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) John B. Main	V	OF DEATH 6-2	7-52
	TATE	rc deceased lived, If ins B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	ma-		0.7
INSTITUTION 2116 6 Madison It	TY OR TOWN (If our	tside corporate Mitty,	write LURAL and give
Yrs. Mos.	TREET ADDRESS (If rur	al, give location	e V
c. Igth of stay in Baltimore Days	21166.1	Madison	- 4V -
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 8. D/	5-10-88		der I Year If Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. B	BIRTHPLACE (State or forei	gn country) 1:	2. CITIZEN OF
work done dy ring most of working life, even if retired) Allerale Fish Mitt.	Balturae	Ind.	WHAT COUNTRY
13. FATHER'S NAME	MOTHER'S MAIDEN NAM	7/	
John Jain	nnie n	chaum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT	ADD	PRESS
CAUSE OF E	ma y cus	1	INTERVAL BETWEEN
18. 442X DISEASE OR CONDITION DIRECTLY C. 1		(, \	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Hemorrhae	e Rooplexa	1 4 most
heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES	11 12	. 1	2
z (B) xor land	o Vas Kenal)Islase	(
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
(c)		***************************************	•••••••••••••••••••••••••••••••
E TOTAL CONTROL OF THE CONTROL OF TH			
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	N .		20. AUTOPSY?
<u> </u>			YES NO
	21c. WHERE DID (If i	n Baltimore City, giv	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2	IF. HOW DID INJURY C	CCUR?	
m. WHILE AT NOT WHILE	^		
22. I hereby certify that I attended the deceased from hard	4 , 19 52 to 144	£ 27, 19.52,	that I last saw the
deceased alive on Jane 23, 1952, and that death occurred a		causes and on the	date stated above
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 E Mad	1500 lt	10 30 52
24A. BURIAL, GREMAN 24B. DATE 24C. NAME OF CEMETERY OR		ATION (City, town, or	county) (State)
Bureal 7-1-52 Holy Mede	cemer 12	alto - //	no
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25.F	FUNERAL DIRECTOR	1-26	DDRESS / A
JUN 301952 Huntington Williams Ma Tel	leg + Spelie	- 7070	rock to
VS 150 4 460/2	1-9		0
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2	12
BIRTH	NO.
1. NAN (Type o	ME OF DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH EASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland 3603 B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR (ENELOZAG Murairas C. CITY OR TOWN (If outside corporate limits, write-RULAL and give INSTITUTION 3605 D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years) If Under 1 Year 5. SEX 7. SINGLE, MARRIED If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, BIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR ACEAState or foreign country 12. CITIZEN OF work dopeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY 100 aliast 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN M. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION NO 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK WORK 1953 to huy 27, 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ . 19.52. and that deat occurred at m., from the causes and on the date stated above. deceased alive on fruit 2) 238, ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

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DATE RECEIVED

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FUNERAL DIRECTOR

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6	PRTH DU	1451-1	1919	SERTIFIC	CATE	OF DEATH	Registered	9
	NAME OF Type or Print)		DORIS		CONRA	D	2. DATE OF June	27, 1952
	PLACE OF Baltimore	DEATH: City, Maryland	-			. USUAL RESIDENCE (Where deceased lived, If is B. COUNTY	nstitution: residence before admission)
В.	FULL NAME	OF 'f not in hosp	oital or institutio		4 1 1	Maryland	Balte	adore.
11	STITUTION		e City Ho		, , , , ,	Baltimore (I	if outside corporate limits,	township)
			1	-/-	Yrs. D Mos.	STREET ADDRESS (II		and the same of th
_ G	hgth of	stay in Baltimore	E 7. SINGLY.	MARRIED	Days	7335 Manchest		Under 1 Year If Under 24 Hours
	Female	White		D. DIVORCED		7-30-		ths Days Hours Min.
1 C	A. USUAL O	CCUPATION (Give kind tof working life, even if retire	of 10B. KIND		OR 11	BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	S. FATHERS	rucat (Towar	d	14	MOTHER'S MAIDEN N	TAME Stoldes	+ /
15 (Ye	s, no or unknown	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY	NO.	and Con	rad 7735	Dress India
7	(This do heart fai injury o	ASE OR CONDITION LEADING TO DE sex not mean the mode lure, asthenia, etc. It no r complication which ANTECEDENT CA	ATH of dying, e.g., eans the disease, caused death.)	(A) F (DEATH neumonia		ONSET AND DEATH
ERTIFICATION	RISE TO	ES OR CONDITIONS. THE ABOVE CAUSE (ALIVING CONDITION) STATING THE					
ERTIF	TRIBUTIN	SIGNIFICANT CON IG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATED	***************				
Ü.	19a. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF	OPERATI	ON		20. AUTOPSY?
DICAL	UNDERLYI	RNAL CAUSE WAS NG OR CONTRIE CAUSE OF DEATH	about home, far.	E OF INJURY		21c. WHERE DID (If in Baltimore City, gi	YES NO Ve exact location)
ME		(Month) (Day) (Yea	r) (Hour) 21	IE. INJURY OC	CCURRED T WHILE	21F. HOW DID INJUR	Y OCCUR?	
	the er	cath in my opinio	arge of the r	emains descr	ribed abou	Autopsy, iry, find that said d, accident , suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23c	thereon and from day stated above, determined []. DATE SIGNED
24 TIC	A. BURIAL.	CREMA 24E DATE	-52-	CO W	EMETERY O	MEDICAL INVESTIGAT	OGATION (City, town,	r county) (State)
	TE RECEIVE	TRAR REGISTRAL	R'S SIGNATUR	E	25	FUNERAL DIRECTOR	tu 403	8. Wolf
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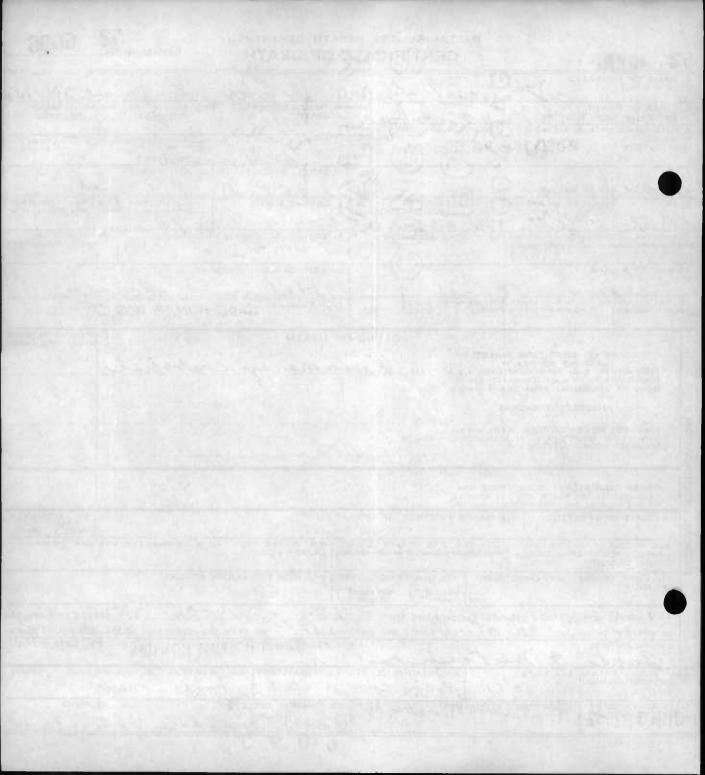
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BALTIMORE CITY HEALTH DEPARTMENT Registered No.6095 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. ADDRESS Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) Months: Days Hours: Min marrica 10A. USUAL OCCUPATION (Givekind of LACE (State or forgign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHATCOUNTRY 13. FATHER'S NAME THER'S MAIDEN NAME tee 4.22 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ame 34.3 CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED П TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an I becker and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said declased died on the day stated above and death in my opinion resulted from: natural causes X accident \(\begin{align*} \), suicide \(\begin{align*} \), homicide \(\begin{align*} \begin{align*} \), undetermined \(\begin{align*} \begin{align*} \). 29x./SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY L 24b. LOCATION (City TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

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, , , , , Duck Leity Herpitch Buck - mes 4133 Markid Mar 6 21 45-7-8 miran W M Law house that starte My Yearle la Mac Eine James Loved Hart Butte Had 1 Killing 2-2.50 Letter Sale Hissard &

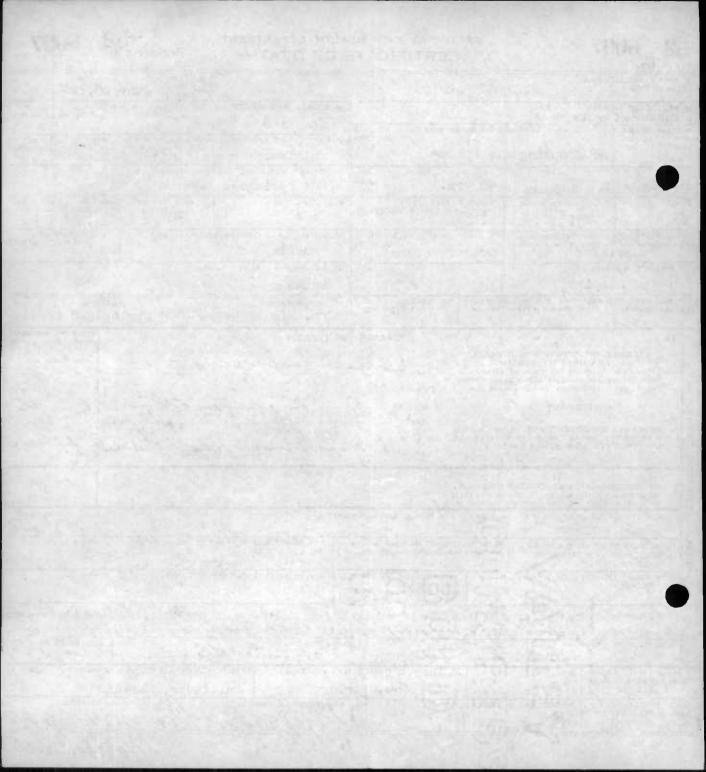
	1460		
	BALTIMORE CITY HEALT		6096
5	52H N6096 CERTIFICATE C	DF DEATH Registered No.	0000
	1. NAME OF DECEASED (Type or Print) Sturrart Mann	Whler of DEATH DEATH	Le 30, 195
		USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	CITY OR TOWN (If outside corporate limits, v	wite DIIDAL and give
13	INSTITUTION JOHNS HOPKINS HOSPITAL JOCATION C. C.	allentour	township)
c.	c. Ogth of stay in Baltimore Yrs. Mos. Days	STREET ADDRESS (If rural, give location)	St.
5.	20,70 1		er l Year If Under 24 Hours is; Days Hours; Min.
10	Male Walle Married 2	-11-19 73	Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country)	WHAT COUNTRY
13	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	. 1
I 5 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	INFORMANT JOHNS HOPKINS HOSPIT	RESS
	18. I//EV CAUSE OF I		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	DEATH	ONSET AND DEATH
	(This does not mean the mode of dving, e.g.,	mary embolice	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		2 32
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
AT	UNDERLYING CONDITION LAST.		
IFIC			
FRT	OTHER SIGNIFICANT CONDITIONS CON-		
บ	TO THE DISEASE OR CONDITION CAUSING IT.	ON!	20, AUTØPSY?
AL	The same of the sa		YES NO
EDICAL	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Debut home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from 6 -/	8- 1957-106-30-, 1957	hat I last saw the
	deceased alive on 6 30., 19 2 and that death occurred of 23A, SIGNATURE 23B, A		date stated above.
	Market 13. The rene Rus.	TOPKINS HOSPITAL	TO THE STORES
710	24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL 24B. DATE 24C. NAME OF CEMETERY OF FORKS CHURCH		
D/	LOUINES COTTON RESISTANT SELECTION NO. 25.1	FUNERAL DIRECTOR A Tickney + long 1	H. Pa. Que
=	vs 150 9 5 2 0 0 0 6	90 9 3	, , , , , , , , , , , , , , , , , , ,



6097
OUUI

52 6097 BIRTH NO.	CERTIFICATE	E OF DEATH	Registered	8 6097
1. NAME OF DECEASED (Type or Print) SOL S	HAPIRO		2. DATE OF DEATH June	30,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WAS STATE Maryland		
B. FULL NAME OF (If not in hospital or institution) 3604 Springdale Av	location)		outside corporate limi	ts, write RURAL and giv
c. Length of stay in Baltimore 48 y	Yrs. Mos. Days	D. STREET ADDRESS (If 3604 Springdale	rural, give location) Avenue	
	E, MARRIED, VED, DIVORCED (Specify) WER	8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under 1 Year onths Days Hours Min.
ork done during most of working life, even if retired)	of Business or INDUSTRY ery Store	11. BIRTHPLACE (State or for Russia.	oreign country)	12. CITIZEN OF WHAT COUNTRY
Meyer Shapiro		14. MOTHER'S MAIDEN N. Unknown	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Minnie Lev		ADDRESS Ingdale Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVER INTERPRETATION OF THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	se, h.) DUE TO	al Emboles ac Decompo nic Valvules)		6 untle
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED	ATION		20. AUTOPSY?
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	a or 21c, WHERE DID, (1) INJURY OCCUR?	If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) FINJURY m.	21E. INJURY OCCURRENT WHILE AT WORK		r ocches	
22. I hereby certify that I attended the deceased alive or 19 12,	wood word from	red at 10 0 m., from t		that I last saw the date stated above
23A. SIGNATURE Quepl n =		23/8 Enter E	Place_	6/30 / V
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 7/1/52	A4c. NAME OF CEMETER Har Zion, Heri		ocation (City, town	
DATE RECEIVED BY REGISTRAR'S SIGNAT		$ \delta$ $ \delta$	77	ADDRESS

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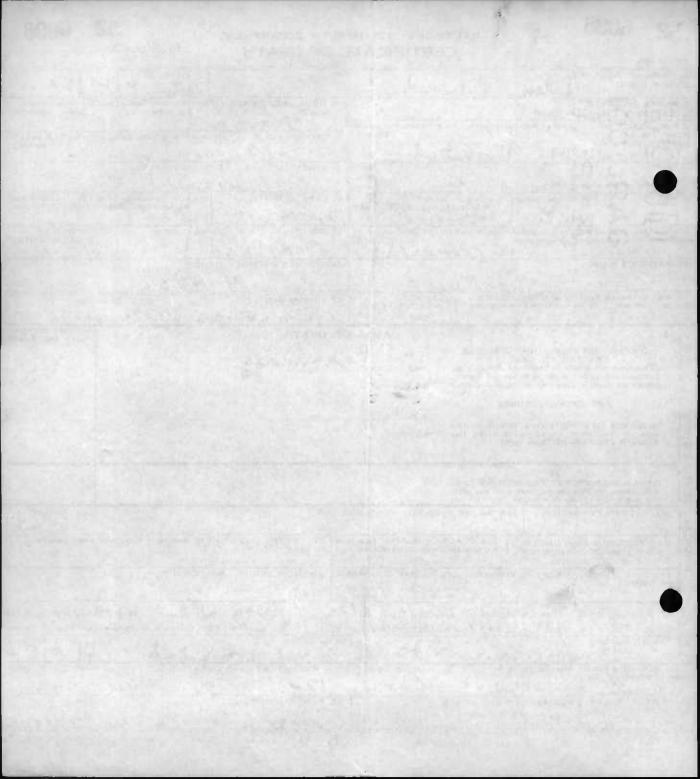


LOCAL REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

52 6098

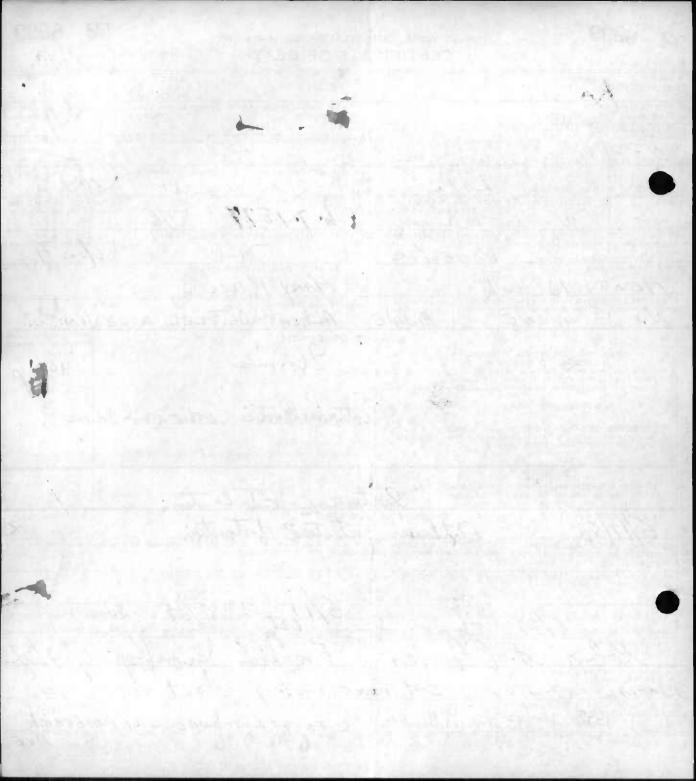
CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Edwards DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore 12R4NSWICK Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years | | Under | | Year | | | Under 24 Hours | last birthday | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) MEMALE MARRIED 03 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HN OUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SEORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NONE NONG WILLIAM EdWARDS 530 BRUNSWIC CAUSE OF DEATH 420,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from 6/25 195 to . 195 that I last saw the deceased alive on 4/29 , 195 2. and that death occurred at 10 A _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (\$pecify) Loudon DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS SIGNATURE



COOD

52 6099

	Registered No.
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
Type or Print)	2. DATE 6.29.5-2
B. PLACE OF DEATH: a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
tranklin fun are Hospital	Ballo 2000
th of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) 2/23 / Line St. 23
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years fluider Year fluider 24 Hours Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk dogge dugiog most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY Blank	MARY Kaiser
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	ALBERT WEITZEL 2123 VINE ST.
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4/10000101
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	arema 10dogo
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	eposelenti Cordio-renol divere?
DISEASES OR CONDITIONS, IF ANY, GIVING	TO THE OWNER
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tend abstrates.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
214 ACCIDENT WAS LINDED. 218 PLACE OF INJURY (e. g., in	nor 21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHILE AT NOT WHILE	
22. I hereby certify that Lattended the deceased from	6/17 1050 6/27 , 1952, that I last saw the
deceased alive on 6/27, 19 12 and that death occur	rred at
23A. SIGNATURE 9. Chambers M. D. 2	Server Jon 23c Offe Sidner
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OB CREMATORY 240. LOCATION (Git, ywn, or covinty) (State)
13481AL 7-2-52 12AL 1140RE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE, MITTERS OF THE PROPERTY OF THE PROPERT	GEORGE L. Schwab 2101 FREDERICK
VS 150	76076 AVE.



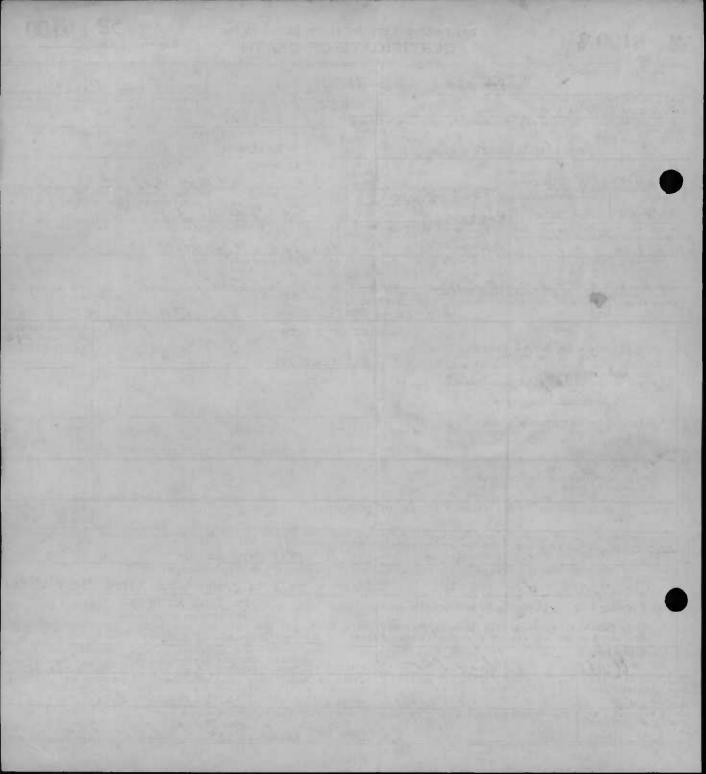
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BALTIMORE CITY HEALTH DEPARTMENT

52 6100 Registered No. CERTIFICATE OF DEATH

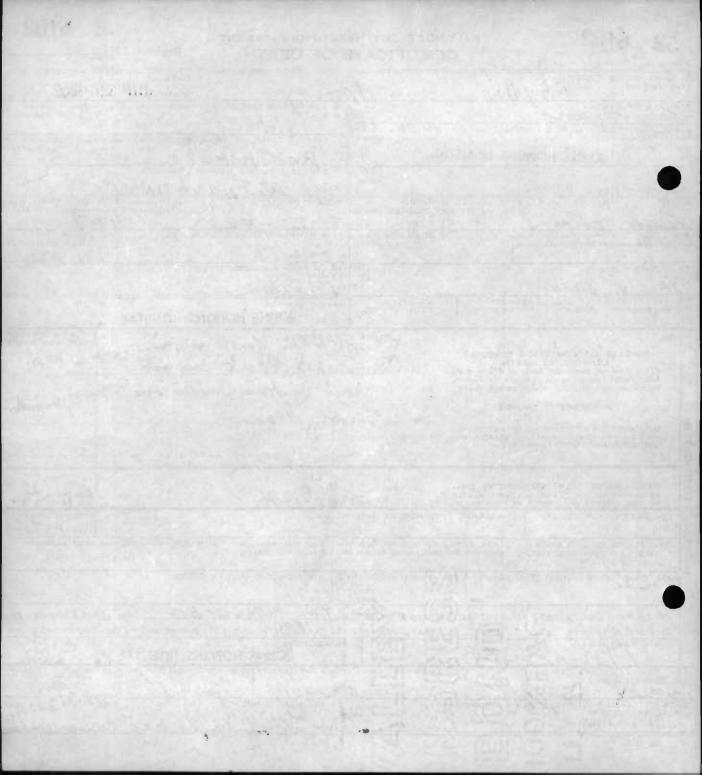
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	BUXTON	VAUG			e 27, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryla: B. FULL NAME OF (If not in	nd	A	. USUAL RESIDEN . STATE Maryl	CE (Where deceased lived. B. COUNTY	If institution: residence before admission)
HOSPITAL OR INSTITUTION	ent Hospital		CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give township)
angth of stay in Baltin		Yrs. Mos. Days	STREET ADDRES	s (If rural, give location) utaw Blace	
5. SEX 6. COLOR OR	RACE 7. SINGLE, MAR WIDOWED, DI	RIED, VORCED (Specify)	DATE OF BIRTH	9. AGE (ln years)	Months Days Hours Min.
Male Color 10A. USUAL OCCUPATION (Giovatione during most of working life, even	vekiodof 108. KIND OF B	USINESS OR INDUSTRY	2 0	tte or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Vauahn	1	Nova T	DEN NAME	
15. WAS DECEASED EVER IN U. S		SOCIAL TO SECURITY NO.	7. INFORMANT	zan-hitletm	ADDRESS N.C.
DISEASE OR CONDITION OF THE ABOVE CAU UNDERLYING CONDITIONS TO THE ABOVE CAU UNDERLYING CONDITION OTHER SIGNIFICANT	D DEATH mode of dying, e. g., . It means the disease, which caused death.) C CAUSES IONS, IF ANY, GIVING SE (A) STATING THE DION LAST.	(A) Skull 1	racture		ONSET AND DEATH
TRIBUTING TO THE DEAT TO THE DISEASE OR COL	NDITION CAUSING IT	INGS OF OPERAT	ION		20. AUTOPSY?
21a. EXTERNAL CAUSE W UNDERLYING M OR CON UTING L CAUSE OF D 21b. TIME (Month) (Day)	NTRIB- about home, farm, fact House	FINJURY (e. g., in or ory, street, office bldg., etc.)	21c. WHERE DIE INJURY OCCUR? 1533 Par 21f. HOW DID II	k Avenue	yes X No , give exact location)
June 27, 1952	noon m. WHILE AT	AT WORK	D	ground from thi artial Autopsy	rd floor window
and death in my of		Inspection or Ing	uiry, find that s	topsy, Inspection or Inquir aid deceased died on vieide [], homicide []	the day stated above, undetermined \square .
23A. SIGNATURE	DATE 24C. N	M.D.	ASSISTANT MED MEDICAL INVES	ICAL EXAMINER	June 27, 1952 vn, or county) (State)
	STRAR'S SIGNATURE	rris (em	s. FUNERAL DIRECT	Littleton,	N.C. ADDRESS
LOCAL REGISTRAR	+ 1: + 1/4			802 Madisas	1 Ave

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B. FULL NAME OF (If not in hospital or institution, give stred address or location) HOSPITAL OR INSTITUTION Removed To location (If outside corporate limits, write limits) Yrs. O. STREET ADDRESS (If rural, give location)	for residence perore admission) RURAL and give township) Test fi Under 24 Hours
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland 679 Washington A.STAPE B. FULL NAME OF (If not in hospyll or institution, give strengladdress or HOSPITAL OR INSTITUTION Removed 100 Yrs. O. STREET ADDRESS (If rural, give location) Where the component of	RURAL and give township) Rest fi Under 24 Hours Days Hours Min.
3. PLACE OF DEATH: A. Baltimore City, Maryland 6/9 Washington A. STARE B. FULL NAME OF (If not in hospiral or institution, give streadadness or HOSPITAL OR INSTITUTION Removed (If not in hospiral or institution) C. CITY OR TOWN (If outside corporate limits, write particularly for the particularly for the particularly for the particular of the particular forms o	RURAL and give township) Rest fi Under 24 Hours Days Hours Min.
INSTITUTION Removed to location c. city or town (If outside corporate limits, write limits) and limits of the location of the	township) Test It Under 24 Hours Days Hours Min.
Yrs. O. STREET ADDRESS (If rural, give location)	Days Hours Min.
	Days Hours Min.
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years)	Days Hours Min.
M WIDOWED, DIVORCED (Specify) 1889 (ast birthday) Months: D	
	1010
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRES (Yes no equiphose) (If yes, give war or dates of service) SECURITY NO.	55 1 0
Mrs Mary // sclar 316 S. Cura	UNE WELL
	NSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	120/27
injury or complication which caused death.) OUE TO	21146
	(\u\q-)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	
(c)	
TRIBUTING TO THE CEATH, BUT NOT RELATED (1) TO THE CISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or low lower, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give ex lower) about home, farm, factory, street, office bldg., etc.)	eact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT WORK AT WORK	171-4
22. I hereby certify that I attended the deceased from 6 , 19 , to , 19 , that decased alive on 6 , 19 , and that death occurred at 100 m., from the causes and on the day	tt I last saw the te stated above.
	BATE SIGNED
24% BURIAL CREMA- 248, DATE 24C, NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town or eoutling, REMOVAL (Specify)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE POPPINERAL DIRECTOR ADD	ORESS A MA
111 1 1952 Huntington Williams Mo. Charles W. Jachanskas 703/	1 Henry St
VS 150	

Company of the Compan Cronway Stronger 2,5/65/2 Corners Erren Just



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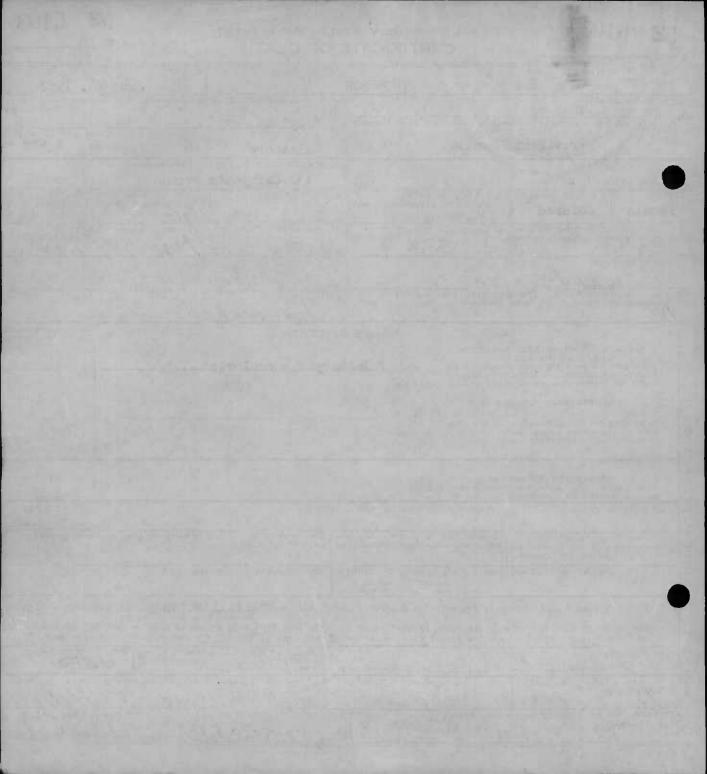
25 0	100	BALTIMORE CITY H		T Registered 1	Ma
BIRTH NO.		CERTIFICAT	E OF DEATH	Registered	
1. NAME OF C (Type or Print)	IDA	THOMPSO	N	2. DATE OF DEATH June	28, 1952
A. Baltimore	DEATH: City, Maryland		4. USUAL RESIDENCE		
B. FULL NAME HOSPITAL OR		tal or institution, give street address of location		(10	
INSTITUTION	Provident		Baltimore	(If outside corporate limit	ts, write RURAL and give township
		Yrs. Mos.	D. STREET ADDRESS		
	stay in Baltimore	Days			
Female	6.COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		11. BIRTHPYACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME	U.S. Boxt.	14. MOTHER'S MAIDEN	NAME	M.S.C.
Edy	vard Wa	tens	L0/12 (00	ernoll	
15. WAS DECEAS (Yes. projunknown)	ED EVER IN U.S. ARMEI (If yes, give war nr date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	tons A	DDRESS
18.002	X	CAUSE	OF DEATH		INTERVAL BETWEEN
(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mea complication which	TH of dying, e. g., ans the disease,	onary Tuberculos	is	
STATE OF THE STATE	ANTECEDENT CAUS	SES			
RISE TO	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE DUE TO			
<u> </u>					
OTHER S	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
U 19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		YES NO
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID stc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		RY OCCUR?	
22. I certi	fy that I took char	ge of the remains described	above, held an partis	al autopsy	_ thereon and from
the ev	idence obtained by	said Autopsy, Inspection or resulted from: natural cause	Autops Inquiry, find that said	y, Inspection or Inquiry deceased died on th	he day stated above
23A. SIGNA		Mulandardia	23B. CHIEF MEDICA ASSISTANT MEDICA	L EXAMINER 23	6/28/52

248 DATE 240 (COCATION (City, town, or county)

24A. BURIAL. CREMA-24C, NAME OF CEMETERY OF CREMATORY DATE RECEIVED BY

V S 151

Abbress 322 V.



252	
52 6104 BALTIMORE CITY HEALTH DEPA	RTMENT 52 6104
BIRTH NO. 52-02649 CERTIFICATE OF DEA	ATH Registered No.
1. NAME OF DECEASED (Type or Print) Curthony (Moshers	aty 2. DATE DEATH LULE 29 1952
A. Baltimore City, Maryland / / / / A. STATE /-	SIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	WN (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL	Paltinore 1 township
Yrs. Mos. Mos.	DRESS (If rural, give location)
c. Sight of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BI	RTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
Male Colored WIDOWED DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMAN	w Wash ING YOU
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	S HOPKINS HOSPITAL
18. 587.2 CAUSE OF DEATH	INTERVAL BETWEEN DNSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Captic Ciba	is of Panne Una H
neart failure, asthenia, etc. It means the disease,	Jarosas 7 Mary
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TD	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CDN-	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE OEATH, BUT NOT RELATED	20. AUTOPSY?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OR	EE DID (If in Baltimore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW	EE DID (If in Baltimore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) ANTECEDENT CAUSES (B) (C)	RE DID (If in Baltimore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCURSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OF INJURY 22. I hereby certify, that I attended the deceased from 4 19-1, 1	PE DID (If in Baltimore City, give exact location) DID INJURY OCCUR? 95 7 to 6 - 2 7 -, 19 7 that I last saw the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDNTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OF INJURY 22. I hereby certify that I attended the deceased from 4 19 1 2 and that death occurred at 19 2 and that death	PES ND ND CCUR? OID INJURY OCCUR? OF to 6 - 2 7 -, 19 that I last saw the from the causes and on the date stated above
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6105

I. NAME OF DECEASED (Type or Print) Bertha Boggs 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL BRITISHE City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 4940 Eastern Ave. Yrs. D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore 10 yrs. 715 W. Lafavette Ave. Zone 17 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years if Under I Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Aug. 25. 1890 Widowed 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working lifereven if retired) INDUSTRY WHAT COUNTRY? ousewall Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Coleson (D)n Ralph Alice 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war pr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. C. H. Records, 4940 Eastern Ave. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lentie heart disease C Aortic (This does not mean the mode of dying, e. g., vears heart failure, asthenia, etc. It means the disease, EXERT insufficiency . Acrtic Aneurysm injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Imo. TRIBUTING TO THE DEATH, BUT NOT RELATED Atelectasis. LUL TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE! 152 to 6-28-. 1952, that I last saw the 22. I hereby certify that I attended the deceased from 6-20deceased alive on 6-28- 19 52 and that death occurred at 12:104m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 6-29-52 4940 Eastern Ave. 24A. BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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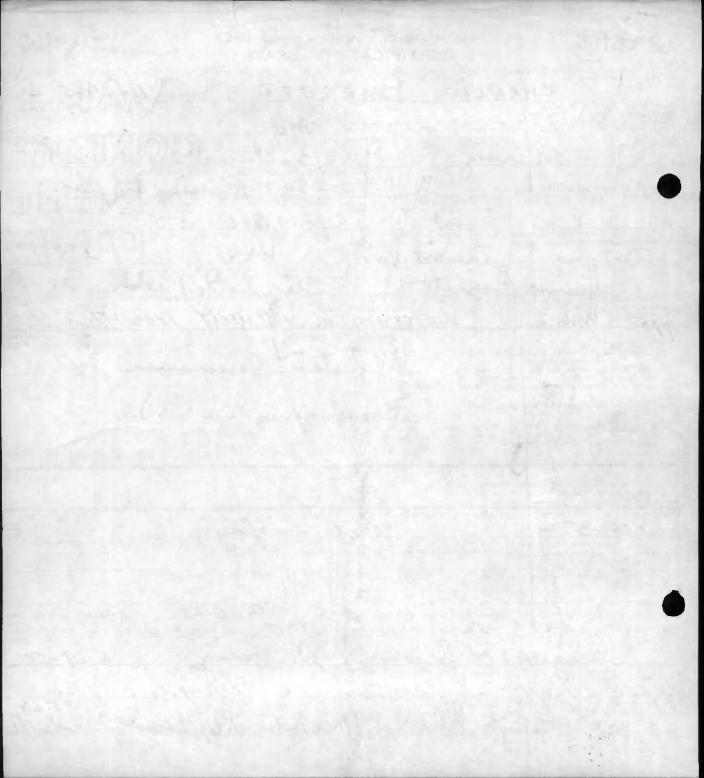
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630	
52 6106 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Register	52 6106 red No.
1. NAME OF DECEASED (Type or Print) CHARLIE BARRETT 2. DATE OF DEATH 6	- 29-5 2
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate	limits, write RURAL and giv
gth of stay in Baltimore 7 Yrs. Mos. Days 2809	n)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE in year last birthday	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME OPERATION BOTTELL 14. MOTHER'S MAIDEN NAME BES	l
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 215-07-3787 Camels Basel 1809	ADDRESS //
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Melastalic Caremina (A)	INVERVAL BETWEEN
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CALISE OF DEATH	ity, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
deceased alive on 29, 1952 and that death occurred at 9457m., from the causes and	1955, that I last saw the
23A. SIGNATURE WAN. H. H. Sheam. D. 23B. ADDRESS	23c. DATE SIGNED
	The state of the s
CON REMOVAL (Specify) 7/2/1962 Yrankshin Pa. Trankshin	town, or county) (State)
DAYE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1111 1950 + Funtor Williams, M.P. Mrs. Kutu Ruitliams	ADDRESS 322 N

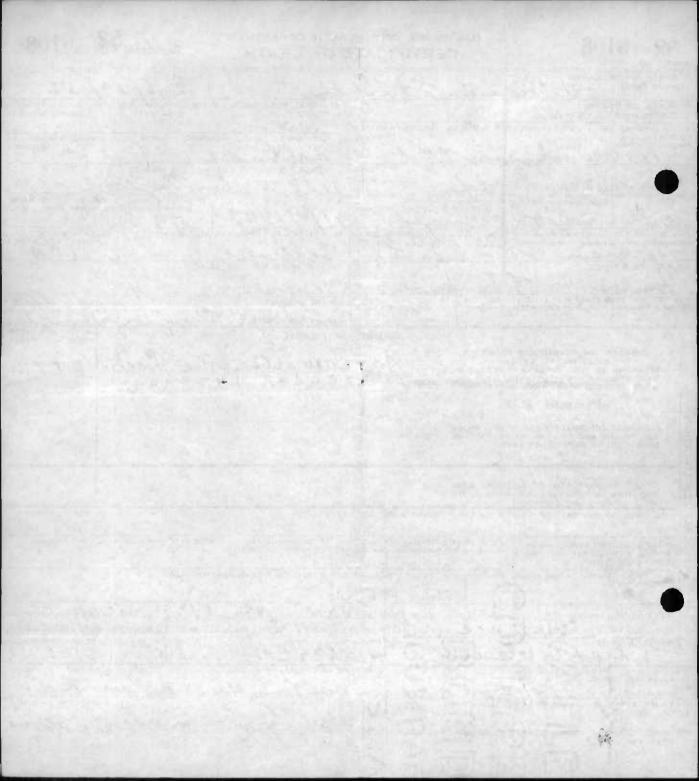


260				RESERVED.
52 6107	CERTIFICATE		Registered No	6107
1. NAME OF DECEASED JANI	KEL H.	ECKER	2. DATE OF DEATH	30-52
3. PLACE OF DEATH: A. Baltimore City, Maryland 4613	Park Hats	4. USUAL RESIDENCE (VA. STATE		stitution : residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION)	astitution, give stree address or location)	c, CITY DR TOWN (18	outside corporate limits,	write RURAL and give
congth of stay in Baltimore	Y8 Mos-	4613 Pari	rural, give location)	to awa
mage white is	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year hs Days Hours Min.
vork doublaining model working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	orejen country) 1	2. CITIZEN OF WHAT COUNTRY?
Wraham	(R	14. MOTHER'S MAIDEN N.	AME J	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT D	Wolf .3907	Tuknen k
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22. Thereby certify that I attended deceased alive on 19, 19, 23A SIGNATURE	the deceased from and that death occur	June 1951, to	te causes and on the	That I last saw the date stated above.
24 BURIAL CREMA- VAB. DATE TION REMOVAL (Specify)	NATURE NAME OF CEMETER NATURE		CATION (City, town, of	(State) MA (DDRESS The learning of the lear
VS 150	6326	A		

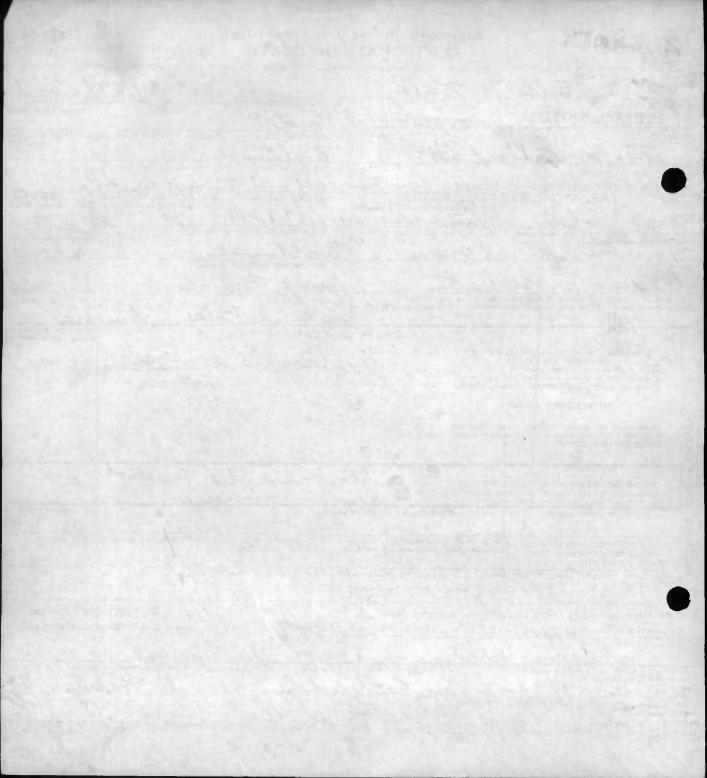
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BALTIMORE CITY HEALTH DEPARTMENT 6108 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. o. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. VESS OR IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work dope during most of working life, even if retired) INDUSTRY Zoreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If jee, give war or dates of service) 16. SOCIAL Yes, no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ARTERIOSCIEROTIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK JAN . 193 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased wive on 6/2 7 , 19 2 and that death occurred at // m., from the causes and on the date stated above. 23C. DATE SIGNED BURIAL, CREMA-LOCATION (City, town, or county) (State) 24B. DATE 24C. NAME OF CEMETERY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTHAR'S SIGNATURE LOCAL REGISTRAR

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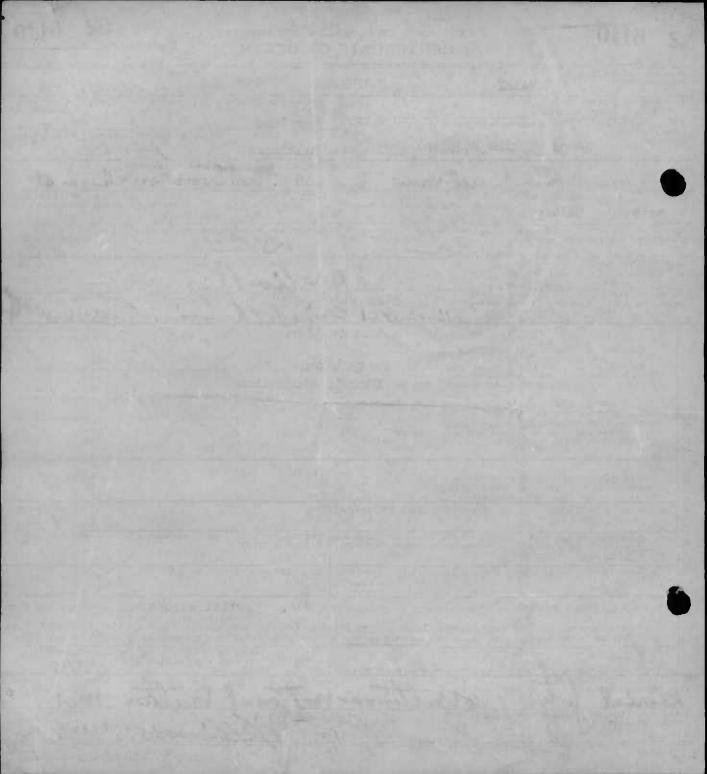


		Pro (**)
57 64114	ORE CITY HEALTH DEPARTMENT	52 6109
CE SIRTH NO.	RTIFICATE OF DEATH Registered	No.
Type or Print) Ella M. K.	Lelly 2. DATE OF DEATH 6 /	29/57
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, g		nits, write RURAL and give
NSTITUTION 1042 W. Lombard	H. Baltimore	township)
0:1	Yrs. D. STREET ADDRESS (1f rural, give location)	14
gth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MA	Days 1042 W. Zombara	It Under 1 Year It Under 24 Hours
	DIVORCED (Specify) 10/14-1881 last birthday)	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF ork dope during most of working life, even if retired)	BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work at He	one Baltimore	-USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	SOCIAL 17, INFORMANT	ADDRES6 C+
Yes, no or unknown) (If yes, give war or dates of service)	- mr Frank Kelly "L	mbard
18. 723,0	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A steamathitis	- / 1mm, m
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	
ANTECEDENT CAUSES	N.	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
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RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO	A' 2713
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	a' 24.4
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOTION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIN 21A. ACCIDENT WAS UNDER. 21B. PLACE about home, farm, fit CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. WHILE WOR 22. I hereby certify that I attended the dece deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA 24B. DATE 110N, REMOYAL (Specify) 7 2 5 7 7 2 7 7 2 7 7 2 7 7 7 2 5 7 7 7 2 7 7 7 2 7 7 7 7	DUE TO (C) OF INJURY (c. g., in or factory, street, office bldg., etc.) INJURY OCCURRED INJURY OCCURRED AT WORK Reased from b 2 3 19, to b 3 2, 19 I that death occurred at m., from the causes and on the causes are caused the causes and on the causes are caused the caused the causes are caused the	y, give exact location) That I last saw the the date stated above 23c. DATE SIGNED 100 1
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIN 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON CONTRIBUTING About home, farm, for CAUSE OF DEATH 21B. PLACE about home, farm, for CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. WHILE WOR 22A. SIGNATURE 24A. BURIAL, CREMA, 24B. DATE TION, REMOYAL (Specify) 24A. BURIAL, CREMA, 24B. DATE TION, REMOYAL (Specify) 310 311 312 313 314 315 316 317 317 318 318 319 319 319 319 319 319	DUE TO (C) OF INJURY (c. g., in or factory, street, office bldg., etc.) INJURY OCCURRED INJURY OCCURRED AT WORK Reased from b 2 3 19, to b 3 2, 19 I that death occurred at m., from the causes and on the causes are caused the causes and on the causes are caused the caused the causes are caused the	y, give exact location) That I last saw the the date stated above 23c. DATE SIGNED 100 1
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOTION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIN 21A. ACCIDENT WAS UNDER. 21B. PLACE about home, farm, fit CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. WHILE WOR 22. I hereby certify that I attended the dece deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA 24B. DATE 110N, REMOYAL (Specify) 7 2 5 7 7 2 7 7 2 7 7 2 7 7 7 2 5 7 7 7 2 7 7 7 2 7 7 7 7	DUE TO (C) OF INJURY (c. g., in or factory, street, office bldg., etc.) INJURY OCCURRED INJURY OCCURRED AT WORK Reased from b 2 3 19, to b 3 2, 19 I that death occurred at m., from the causes and on the causes are caused the causes and on the causes are caused the caused the causes are caused the	y, give exact location) That I last saw the the date stated above 23c. DATE SIGNED 100 1



Registered	52 No	61	10
2. DATE OF DEATH June			
ere deceased lived. In B. COUNTY	f institut	ion : reside before adır	nee ission)
utside cornorate limi	ts, write	RURAL a	nd give vnship)
eet Pur	har		-
9. AGE (In years last birthday) M	onths D	ays Hours	24 Hours Min.
eign country)	12. CI W	TIZEN OF	NTRY?
forn	-		
minastor	DDRES	S HPW	邓
0			TWEEN
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	2	o. AUTOF	SY?
in Baltimore City,			1)
occur?			

OSBORNE MAXEY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (WI A. Baltimore City, Maryland A. STATE B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If o Johns Hopkins Hospital Baltimore D. STREET APPRESS Yrs. Mos. 818 N. Dorn Sta ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR E (State or for work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA 16. SOCIAL 17. INFORMAN SECURITY NO. CAUSE OF GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Fatty Liver heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Alcoholism ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21r. HOW DID INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an _partial Autopsy thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖺, accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... 24A. BURIAL. CREMA-240. LOCATION (City, town, or county) OR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS LOCAL REGISTA



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTI	IFICATI	E OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print)	na Schmidt		2. DATE OF DEATH JUNE	29. 52
3. PLACE OF DEATH: A. Baltimore City, Maryland	Baltimore Mo	i.	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission
B. FULL NAME OF (If not in hospi HOSPITAL OR INSTITUTION 619 N. Lak	tal or institution, give str	eet address or location)	C. CITY OR TOWN (If outside corporate limits, Baltimore	write RURAL and giv
c. Length of stay in Baltimore		Yrs. Mos. Days	o. street address (If rural, give location) 619 N. Lakewood Ave.	
5. SEX 6. COLOR OR RACE Female White	7. SINGLE. MARRIE WIDOWED, DIVOR		July 14, 1880 9. AGE (in years last birthday) Mont	nder I Year If Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of core done during most of working life, even if retired Housewafe	None	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 1 Baltimore Md.	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		a Olle Cit	14. MOTHER'S MAIDEN NAME	
Theodore Findl			Barbara Goode	
15. WAS DECEASED EVER IN U.S. ARME Yes, no or uokoown) (If yes, give war or dat		JRITY NO.		DRESS
			Mr. Theo. Schmidt 619 N. I	akewood Av
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	ins the disease, caused death.) DUE 1 SES (B) IF ANY, GIVING STATING THE DUE 1	то Нур	RONARY THROMBOSIS DERTENSIVE C.V. DISEASE	
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NDT RELATED	D	PIABETES MELLITUS	10 YEARS.
19A. DATE OF OPERATION	19B. MAJOR FINDING	S OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year	21B. PLACE OF IN. about home, farm, factory, at		INJURY OCCUR?	YES ND (
INJURY	m. WHILE AT WORK	NOT WHILE		
			Tan - , 199 kbo Sem Z9, 1952, red at 5.30 A.m., from the causes and on the	
23A. SIGNATURE	Mores hi.	D- M. D. 2	448 U. Luzerneure	6/30/52
24A. BURIAL, CREMA-/24B. DATE TION, REMOVAL (Specify) Burial July 1	, 1952 Lors		em Baltimore Md.	r county) (State)
DATE RECEIVED BY REGISTRAR	'S SIGNATURE			ADDRESS

Dr. Benj. Moses
Luzerne Ave.



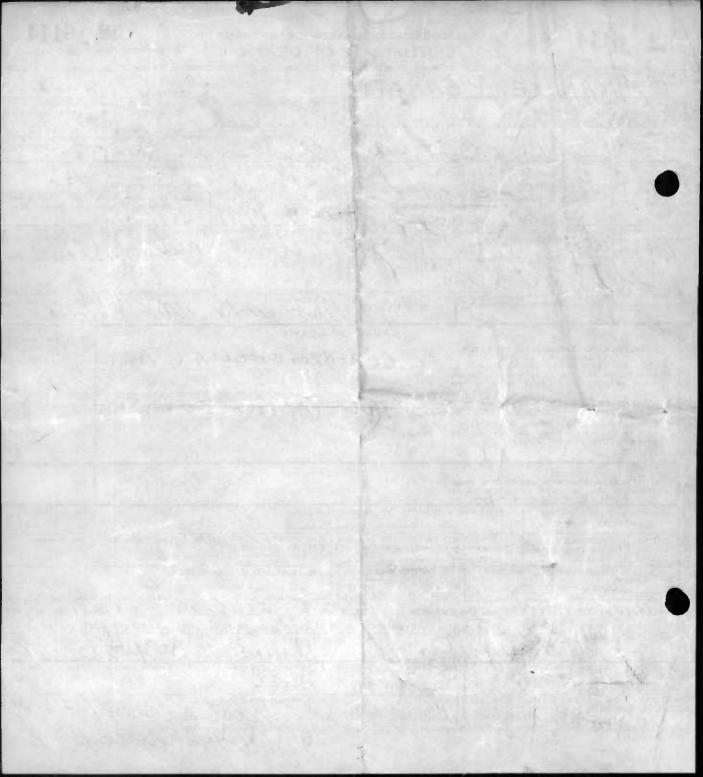
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NOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASST. MEDICAL EXAMINER

530				
52 6114 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Segistered No.	6114
I. NAME OF DECEASED (Type or Print) NANNTE	BENNETT		2. DATE (-)	0-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION)		Baltin	DEATH here deceased lived. If ins B. COUNTY outside corporate limits, v ural, give location)	before admission)
c. gth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. STR	Days Days	B. DATE OF BIRTH	9. AGE (in years) # Und	ST . der 1 Year N Under 24 Hours
10A. USUAL OCCUPATION (Give kind of vork dense luring most of porking life, even if retired) 13. FATHER'S NAME PULL 13. FATHER'S NAME	KIND OF BUSINESS OR WHITE THE	14. MOTHER'S MAIDEN NA	last birthday) Month	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	Thomas Ben	with 89	1=6- It
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the condition of the complex of the conditions, if any, or respectively. DISEASES OR CONDITIONS, IF ANY, or rise to the above cause (a) stating underlying condition last. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RESPONDED.	(A) CER	ERTENSISE G		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about the CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on 6-2-8, 19-2 23A. SIGNATURE	and that death occurr	2 8 19 3 to 6 - red at 6 2 m. from the	28, 1954 e causes and on the	that I last saw the date stated above.
BURIAL (Species) 7-7-5	2 Eustern	MCC. 24b. Loc	CATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR Tuntington	Williams, My	25. FUNERAL/DIRECTOR	rad - 9.	DDRESS
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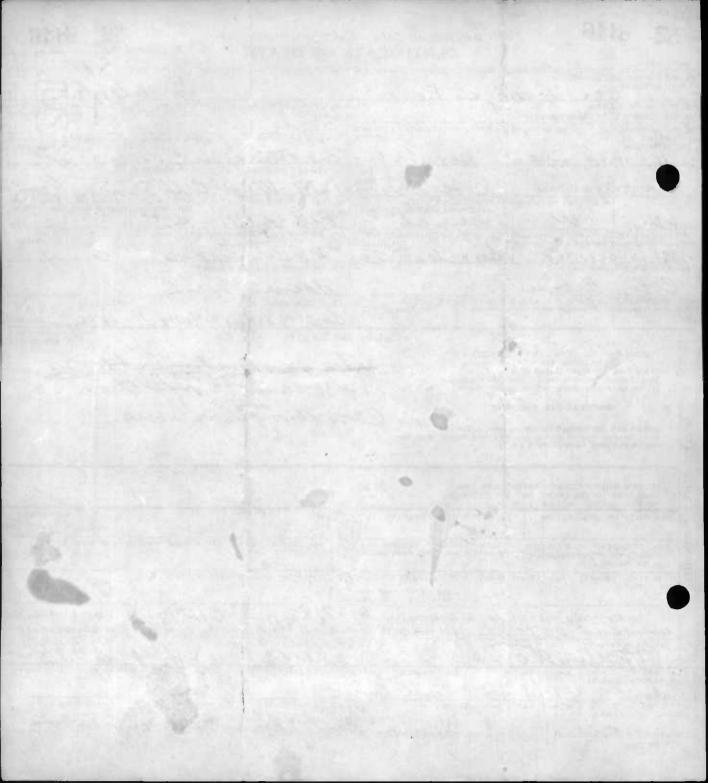
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BII	RT 15 20.	611	5		CERTIFICAT	EALTH DEPARTMEN E OF DEATH	T Registered I	52 611	15
	NAME OF pe or Print		BIAN	ich	Allen	· 1	2. DATE OF DEATH JUN	3 0 1952	
A.	PLACE OF Baltimore	City, M			MORE	4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution : resid before ad	
HC	SPITAL OF)	HNS HOPK		location	5 14	(If outside corporate limit		and give
C.	Ogth of	stav in	Baltimore	Life	Yrs. Mos. Days	N.C	(If rural, give location)		
-	SEX Om al		OR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH			er 24 Hours S Min.
ork	done during mo	CCUPAT stof working	ION (Give kind of life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	BALTIMONE	r foreign country) Ad.	12. CITIZEN C	
13.	FATHER'S	NAME	HASE		M	14. MOTHER'S MAIDEN	NAME	,	
15. Yes,	WAS DECEA	SED EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT HOPKI	NS HOSPITAL	DDRESS	
CATION	(This de heart fa injury of DISEAS RISE TO	LEAD: Des not mo iture, asthor complic ANTEC ES OR CO THE ABO	CONDITION ING TO DEA' an the mode of min, etc. It mea eation which of EEDENT CAUS ONDITIONS, II VE CAUSE (A) ONDITION LA	TH of dying, e.g. ns the disease caused death SES F ANY, GIVIN STATING TH	E, (A) Mil	of DEATH solding	ema fings Utius	INTERVAL BONSET AND	
ERI	TRIBUTI	NG TO TH	CANT CONDI E DEATH, BUT OR CONDITION	NOT RELATE	D				
AL	19A. DATE	OF OPE	RATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTO	PSXX
EDIC		OR CONT	AS UNDER-		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City,	give exact location	on)
Σ	21D. TIME		(Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?		
		alive on	fy that I att	tended the , 1952	deceased from 6- and that death occur by D M.D.	3B. ADDRESS	6-30-, 1950 the causes and on the PKINS HOSPITAL	Athat I last she date stated	above.
24 T/O	A. BURIAL DREMOVAL	AL	24B. DATE 7-3-	-52	ARBUTUS ME	M PARIC BA	LIMORE		(State) Nd.
LO	CAL REGI	STRAR 1957	REGISTRAR'	signatu	Villiams, Mir.	WILLIAM AJA	CKSON PENI	VA. AVE	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6116
Registered No.

BIR	TH NO.									
	AME OF Doe or Print)		orge	R.				2. DATE OF DEATH	12/5	2
A. I		City, Maryland	0		A. S	TATE	CE (Whe	ere deceased lived B. COUNTY	l, If institution be	n : residence fore admission)
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hospi	tal or institution	on, give street address o location		ITY OR TOWN	(If ou	itside corporate l	imits, write R	URAL and give
	Chur	OH HOME	2 × X4	95 p 1 + 2 (Yrs.	D. S	TREET ADDRESS	s (lf ru	ral, give location	1//	0
c. 1	igth of s	stay in Baltimore	hid	Mos. Days		18 We	ext.	Cold Sp	ring	Rane
5. 5	An	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify		ATE OF BIRTH	907	9. AGE (in yars last birthday)	Months Day	Hours Min.
		CCUPATION (Give kind of working life, even if retired		OF BUSINESS OR		BIRTHPLACE (Sta	ate or fore	eign country)		IZEN OF AT COUNTRY?
AS	-1 0	perviser.	Sur	Electrice	0-4	MOTHER'S MAID	DEN NAM	AE.	0	SP.
6	Col.	aliner			1	leever.	Sa	rel		
15. (Yes,	WAS DECLAS	ED EVER IN U. S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT	1/	D	ADDRESS	. 1
T	18. 1/-2	0.1		CAUSE	OF	DEATH	Me Fr	JINIKW.	INTE	RVAL BETWEEN ET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA			1		7	1-11-	1x	-
	heart fail	s not mean the mode ure, asthenia, etc. It me complication which	of dying, e. g ans the disease	e,	NA	-41		ailer	The same	
	injuly of	ANTECEDENT CAU			1	- W	The same	6	-	
NOL		S OR CONDITIONS,			20	way of	www	nomi	V	***************************************
EAS		THE ABOVE CAUSE (A YING CONDITION L		(C)				•••••		
Ë.		п								
CERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			261			
7		And the latest terminal termin		FINDINGS OF OPE	RATIC	N	201		20 YE	NO P
DICA		DENT WAS UNDER- OR CONTRIBUTING	A. About 6	ACE OF INJURY (e. g.		21c. WHERE DIE		in Baltimore C		
ME.	CAUSE OF	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCUR	RED	21F. HOW DID 1	INJURY	OCCUR?	0	
	OF INJURY		m.	WHILE AT NOT WHILE	· /	1		1-1	9.4	
		by certify that I a			/2/		to_6	e causes and		I last saw the
	23A SIGN	alive on 6/275	7.19	and that death ock		DDRESS	16	1/20		DATE SIGNED
24	A. BURIAL.	CREMA- 24B. DATE	nus	M. D. 24c. NAME OF CEMET	TERY O	R CREMATORY	24D. LO	CATION (City,	town, or jount	ty)/ (State)
TIO	Belseal	(Specify) 7/1.	152	Drugt Ro	lge		Och	resulle		FCC
	TE RECEIV		R'S SIGNATU	IN'II.	25.	FUNERAL DIRECT	CTOR	Ah 3615-13	Chestur	
=	Vs 150	1952 Hand	ington	HY MANUA MY	van	6	J	4-010-17		
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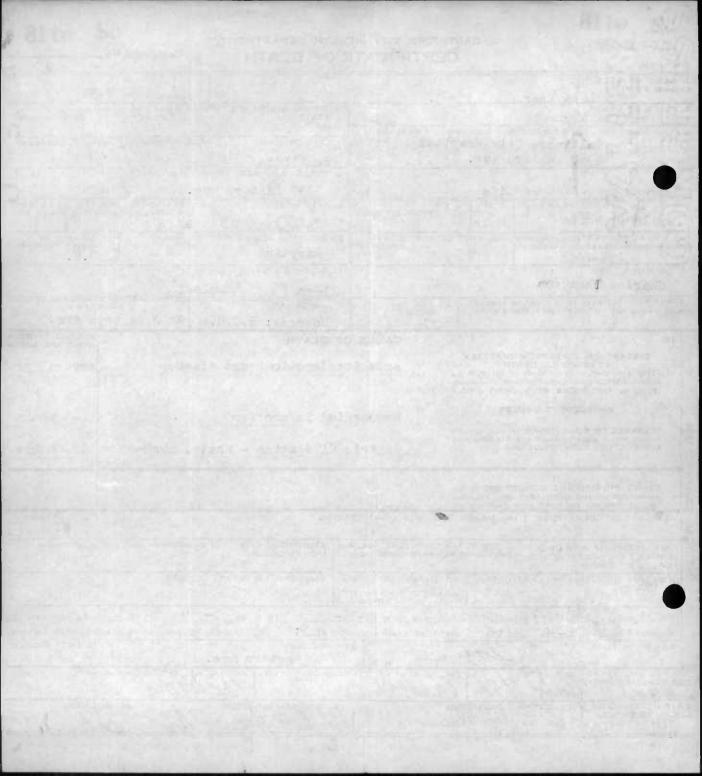
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16 01 2.1	E OF DEATH Registered 1	2 6117
1. NAME OF DECEASED JOHN J. MACKERE	TH 2. DATE OF DEATH 6/	50/52
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location, INSTITUTION		s, write RURAL and give township)
Ardleigh Mersing Thomas	D. STREET ADDRESS (If rural, give location)	-06 township)
c. Length of stay in Baltimore Days	1 0 1 D 0 1 D 1	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		1 Under 1 Year II Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR ork dogedujing most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationing Engine Sweetell Bros	14. MOTHERS MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	77. INFORMANT B. A. A. S. S.	DDRESS 04
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Teworlesta At	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE		
m. work AT WORK		that I last saw the
deceased alive on Rent 1, 19 52, and that death occur	erred at 6 36 Am., from the causes and on t	he date stated above.
Long Wallenstung. D.	878 N 36 045	6/3/152.
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town	, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR Hantington Williams. He	Bul & lehenowthe 3615-17.	Chestur Sue
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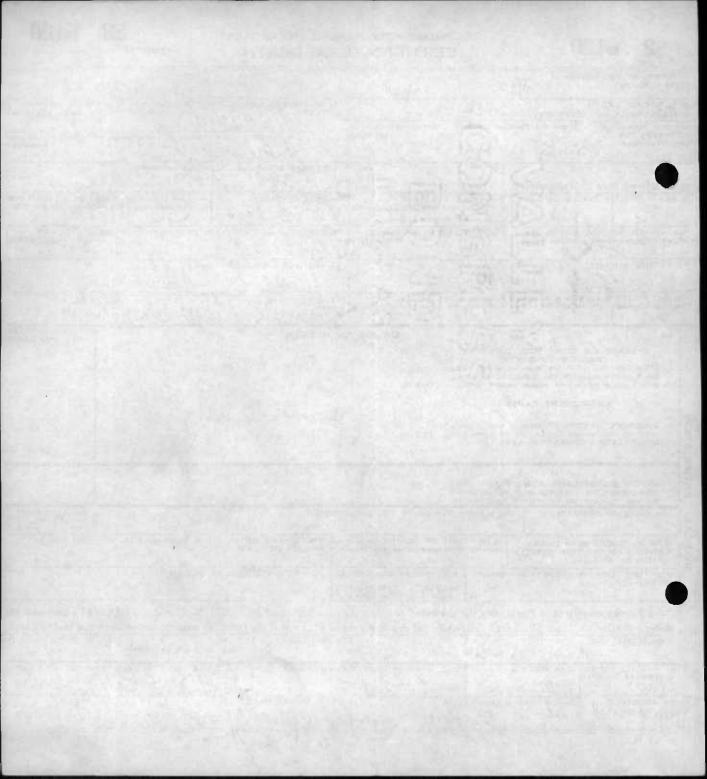
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BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF 6-30-52 Lena Eser DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN Baltimore City Hospital (If outside corporate limits, write RURAL and give township) 4940 Eastern Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Life 3137 Eastern Ave. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Year Months Days Hours! Min. Female White 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) Maryland none U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Thompson Lena ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records: B.C.H. 4940 Eastern Ave. rence INTERVAL BETWEEN CAUSE OF DEATH 420:0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease several yrs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Myocardial infarction 2-3 years DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Gastric dilatation - acute, marked 12-24 hrs. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY MEDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK . 19.52 that I last saw the 22. I hereby certify that I attended the deceased from 6-29-1952 to 6- 30 and that death occurred at 5:40 %. from the causes and on the date stated above. deceased alive on 6-30 1952 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 24B. DATE 240 LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C NAME OF CEMETERY OR CREMATORY 20 ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S LOCAL REGISTRAR

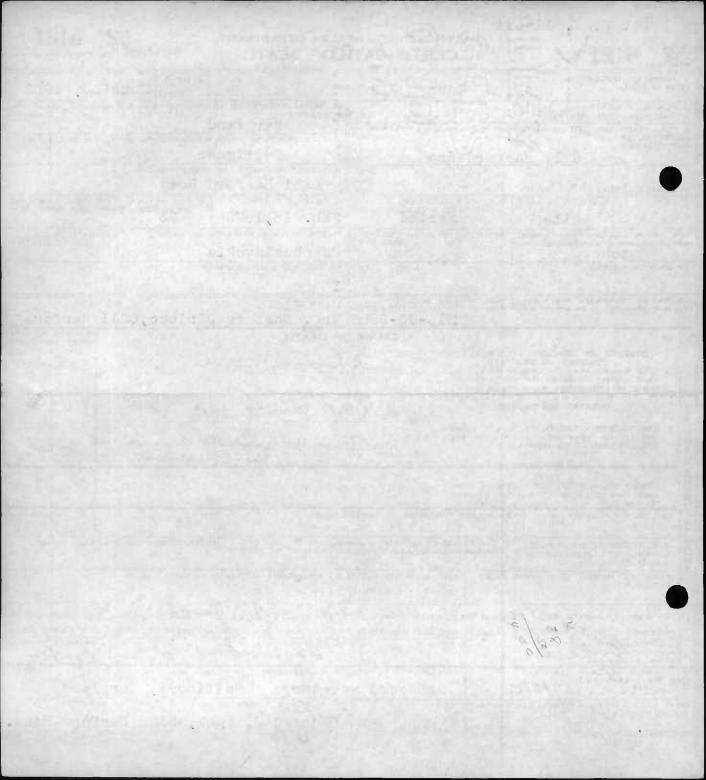


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BALTIMORE CITY HEALTH DEPARTMENT 52	6120
52 6120 CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED Mary E. Piper 2. DATE OF DEATH 6. 30	. 15.
3. PLACE OF DEATH: A. Baltimore City, Maryland Bultimore 4. USUAL RESIDENCE Where deceased lived. If inst A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or	before admission)
1	(Ite RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days Days D. STREET ADDRESS (Litural, give location)	e
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Pov. 8-1915 9. AGE (In years last hir/hday) Month	s Days Hours Min.
work down divide monifor yorking life, even if retired) INDUSTRY //aryland	CITIZEN OF WHAT/COUNTRY?
13. FATHER'S NAME O PORCE 14. MOTHER'S MAIDEN NAME INVOLLY	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no warn or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT SECURITY NO. 17 INFORMANT 3951 18	land we.
18. 4/64 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES Rhewmatic Heart. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)	exact location)
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 6: 19, 1953 to 6. 30, 1953 to deceased alive on 6, 30, 53, 19 and that death occurred at 125 Am., from the causes and on the	
Morris Goldbard M.D. 238. ADDRESS Sinai Hospital	6. 30. JZ
24A. BURIAL CREMA- 24B. DATE 24C HAVE OF CEMETERY OR CREMATORY 24B JOCATION (City, town, or TION, BEMOVAL (Specify) 24B. DATE 24C HAVE OF CEMETERY OR CREMATORY 24B JOCATION (City, town, or TION, BEMOVAL (Specify) 24B. DATE 24C HAVE OF CEMETERY OR CREMATORY 24B JOCATION (City, town, or TION, BEMOVAL (Specify) 24B. DATE 24C HAVE OF CEMETERY OR CREMATORY 24B JOCATION (City, town, or TION, BEMOVAL (Specify) 24B. DATE 24C HAVE OF CEMETERY OR CREMATORY 24B JOCATION (City, town, or TION, BEMOVAL (Specify) 24B. DATE 24C HAVE OF CEMETERY OR CREMATORY 24B JOCATION (City, town, or TION, BEMOVAL (Specify) 24B JOCATION (City, town, or TION,	bulland
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 BUNERAL DIRECTOR LOCAL REGISTRAR Huntington Williams No DWALL HUNDRY HARD	31 Hallstond
vs 150 / Horaxe F. Durgel	



0	5 Dr.	E. J. Ales	si				
<i>E</i> .	2 64	24	BAI		EALTH DEPARTMENT	Registered N	6121
BI	RTH NO.	C.1.		CERTIFICATI	E OF DEATH	registered N	
(T	NAME OF D ype or Print)	AN	TON K	TARL JIRIN		LOCATII	30, 1952
	PLACE OF DE Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If i	nstitution :
В.	FULL NAME		al or institut	ion, give street address or		d ,] -	- 03
	STITUTION			location)		outside corputte limits.	write RURAL and give township
	M	6211 Ha	rford		Baltimo:		
c.	angth of s	tay in Baltimore		Yrs. Mos. Days	6211 Harfor		
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours ths: Days Hours Min.
	male	white	n	narried	Feb. 15,1879	73	
		CUPATION (Give kind of f working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Butc	her			Czechoslavoki		
13	. FATHER'S N	IAME		(R)	14. MOTHER'S MAIDEN N	AME	
	?				?	-4	
	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL. SECURITY NO.	17. INFORMANT		DRESS
_			•	216-03-0958	Mrs. Barbara	Jirinec,621	
	(This does	E OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mea	TH f dying, e. 1 ns the diseas	e. (A) acute	Pulmary Edem		ONSET AND DEATH
		ANTECEDENT CAUS			ind distruction, fe	car impaction	24 hours
ERTIFICATION	RISE TO T	OR CONDITIONS, 11 HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING TH	1G	ema artenoder	-	en 4 yrs
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
	19A. DATE O	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Y S							YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm,factory,atreet, office bldg., s		If in Baltimore City, g	ive exact location)
2	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	OF INSORT		m.	WHILE AT NOT WHILE			
	22. I hereb	11 74		deceased from hand that death occur		the causes and on th	
	23A. SIGNA		, 199		3B. ADDRESS	ne causes and on th	23c DATE SIGNED
	6	Theen		м. D.	6217Haya	ed Rel	6/30/52
24	N. REMOVAL	pecifyi		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	Burial	7/3/5	2	Parkwood C	emetery Bal	timore, Mar	yland
	TE RECEIVE		SSIGNATI	VIII MA	Teonard J. R.	ck, 5305 Ha	address rford Road.
=	VS 150	1 . ,	71 9	in the state of th	06110		
		e and		6326,	A		



5	34										
52	6122			TIMORE CI				Regis	tered N	6. 6.1	22
1.	NAME OF DECEASED ype or Print)	MI	LDR	ED	DI	VATA	ALE.	2. DATE OF DEATH	tren	e 21	, 1952
3.	PLACE OF DEATH: Baltimore City, Ma					. USUAL RES	IDENCE (W		lived, If		residence re admission)
B. HC	FULL NAME OF (If			ion, give street a	location)	E. CITY OR TO	ltimor	outside corpor	16	s, write (1)	RAL and give
_	ngth of stay in B	altimore			Yrs. Mos. Days	3025	Cheste			nue	
		R OR RACE	WIDOW	MARRIED. ED, DIVORCED Arried	(Specify)	ct, 4,		9. AGE (in last birth	years If day) Mo	Under 1 Year nths Days	lf Under 24 Hours Hours Min.
work	A. USUAL OCCUPATIO done during most of working life at home		10B. KIND		DUSTRY	altimor	e, Mar	yland)	12. CITIZI WHAT	EN OF COUNTRY
13	Charles Gro	33				ary Ste					
15 (Yes	. WAS DECEASED EVER IN , no or unknown) (If yee, g	V U.S. ARMED	FORCES? of service)	16. SOCIAL SECURIT		7. INFORMAN		Dinat	ale,	DDRESS	
ERTIFICATION	(This does not mean heart failure, asthement injury or complication	IG TO DEAT In the mode of is, etc. It mear tion which co DENT CAUSI NDITIONS, IF E CAUSE (A) NDITION LAS	H dying, e. g sthe diseas used death ES ANY, GIVIN STATING TH	(B) (G DUE TO		u gis	l her	ebral	ane		AND DEATH
CERT	TRIBUTING TO THE TO THE DISEASE OF	DEATH, BUT I	CAUSING I	ED	F OPERA	TION			••••••	20. A	UTOPSY'?
EDICAL	21A. EXTERNAL CAU UNDERLYING OR UTING CAUSE O	CONTRIB-	218. PLA	CE OF INJUR	Y (e.g., in o office bldg., etc.	21c. WHER		f in Baltimor	re City, g	YES Zive exact l	ocation)
M	21D. TIME (Month) OF INJURY	(Day) (Year)			OCCURRED	21F. HOW	YRULNI DID	OCCUR?			
	the evidence of and death in n	btained by	said Auto	psu. Inspect	ion or In	quiry, find the accident 23B. CHIEF	Autopsy, I hat said de , suieide MEDICAL I	☐, homicio EXAMINER EXAMINER	d on the de \square , u	e day sto	ned □.
24 TIC	A. BURIAL CREMA- ON REMOVAL (Specify) Burial	7/2/		Holy Re		OR CREMATO	RY 24D. LO	or OCATION (Ci 1 timor	ity, torty	or county) ary la	(State)
	ATE RECEIVED BY COCAL REGISTRAR	Hustin	stors.	VH: ATTES	H. A.	Leonard	J. Ru	ck, 53	05 H	arfor	
V	S 151		0	off ward	de no de la la			7			0

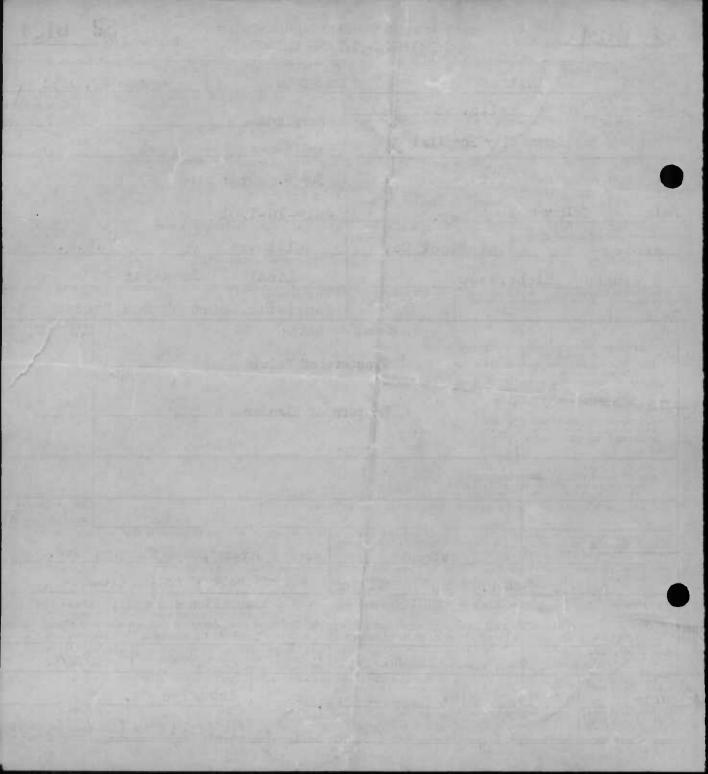
V S 151

1160	FD 0
	EALTH DEPARTMENT 52 6123
52 6123 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Schafer, Helen Magdelene	(Lena) 2. DATE OF DEATH June 30, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv
St. Joseph's Hospital	Baltimore #6 township
Yrs. Mos. Days	0010 00 . 50 . 7 . 7 7
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
Female White Married	Tet.11-1895 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	
13. FATHER'S NAME	Baltimore County, Md.
Herrae Blein	Margaret
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 INFORMANT LONG ADDRESS 8341
1B. LL2 CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSE! AND DEA!
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	bral Whemorrhage
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	liovascular hypertensive disease bywas
Arte	riosclerosis / Oyeor
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY1
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g. about home, farm, factory, atreet, office bldg	in or 21c. WHERE DID (If in Baltimore City, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY	
m. WHILE AT NOT WHIL	
deceased alive on June 30, 1952, and that death occur	March 10, 19 39 to June 30, 1952, that I last saw thurred at 3:45 pm., from the causes and on the date stated abov
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
McChael : Truck M. D. 24C. NAME OF CEMENT	46 3 6 (Belin (Location (City, town, or county) (State)
24A. BURIAL, CREMA- TION REMOVAL (Specify)	deemer Daltimore md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR KODRESS
JUL 1 1934 Tuntington Williams M.D.	A. Trugh 2000 Hayord 19
VS 150	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6124

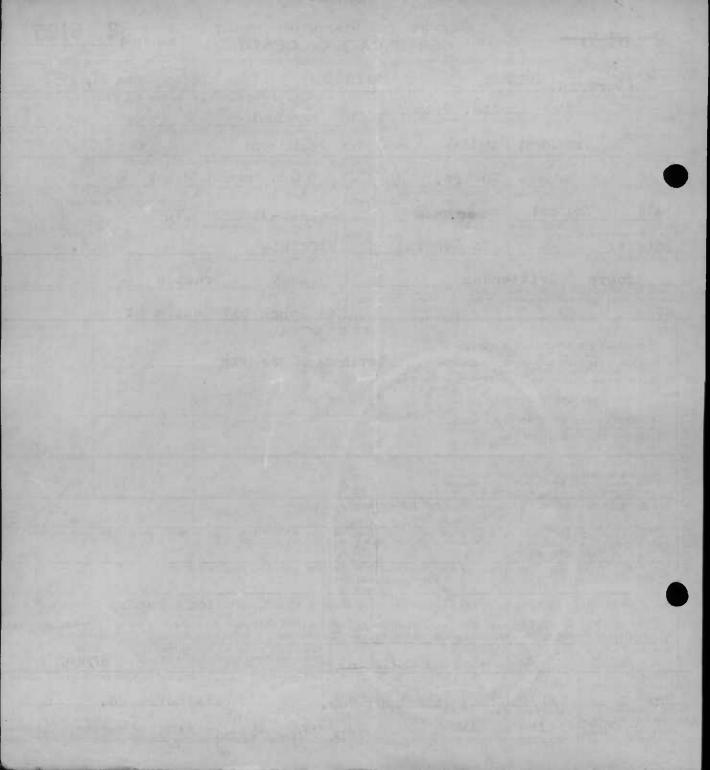
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) WILLIAM R	Z. DATE OF INTO 2	7 7050
3. PLACE OF DEATH:	ICHARDSON DEATH June 2	
A. Baltimore City, Maryland Balto. City	A. STATE . B. COUNTY	before admission
B. FULL NAME OF I'f not in hospital or institution, give street address or HOSPITAL OR location)		write PHRAL and give
INSTITUTION Baltimore City Hospital		township
Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)	
Tif Mos.	508 N. Duncan Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years # 9m	ier 1 Year If Under 24 Hours
Male Colored WIDOWED, DIVORCED (Specify)	July-10-1901 last birthday) Month	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
work done during most of working life, even if retired) Laborer Pat Block Co.		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jouanus Richsrdson	Lindia Dougerty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		RESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Henrietta McCready 508 D	
	OF DEATH	INTERVAL BETWEEN
	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	uma of Dalmia	1 3 3
heart failure, asthenia, etc. It means the disease,	ure of Pelvis	
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	re of Bladder	
DISEASES OR CONDITIONS, IF ANY, GIVING	<u> </u>	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
C OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
J Z Z PLACE OF INDIBY (A. F.		YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., i	etc.) INJURY OCCUR?	1.12
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., to thing Cause of DEATH.	Monroe Street and Washington	n Blvd.21/2
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
6/23/52 9:00 P. m. WHILE AT NOT WHILE AT WORK	Fell off back of moving tru	ck,
22. I certify that I took charge of the remains described of	above, held an inspection & inquiry	thereon and from
the evidence obtained by said Autopsy, Inspection or 1	Autopsy, Inspection or Inquiry	
and death in my opinion resulted from: natural causes	$s \square$, accident $\square s$ suicide \square , homicide \square , und	letermined \square .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c.	
	ASSISTANT MEDICAL EXAMINER	0/28/52
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)		county) (State)
Burial 7/1/1952 Mt Calvery	Brooklyn Md.	
DATE RECEIVED PARECISTRAR'S SIGNATURE	25. UNERAL DIRECTOR	DDRESS A AN
Tunington Villallet Night	Chy 0, 10000 1000 30	willy any
VS 151 1/8/00 0 70	24	
1 × 3 151 N × 08.0		0



52 6125	91	,
36 0160	7.9	0495
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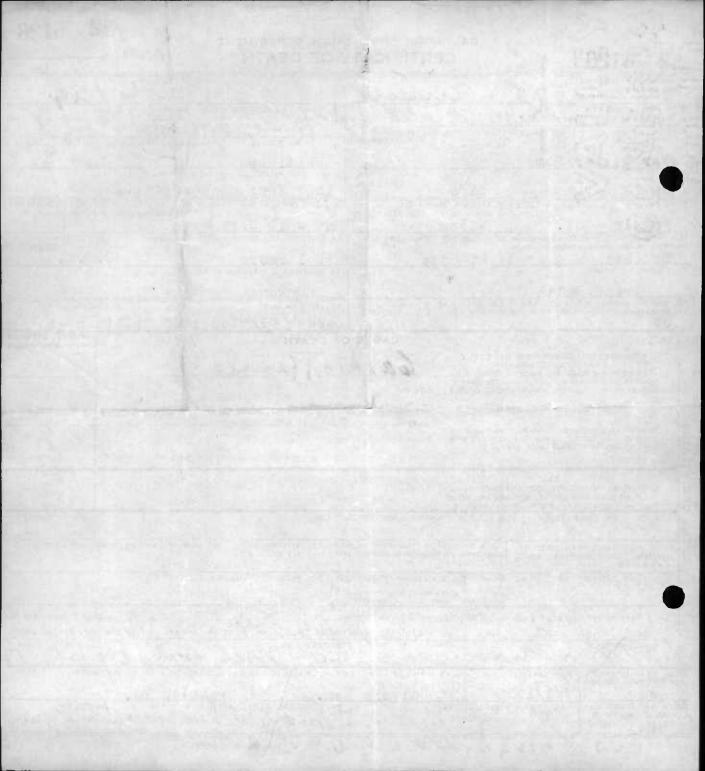
CERTIFICATE OF DEATH Registered No. 6125 BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.						
(7		renza) LORE	NZO	CRITT		DEATH	28, 1952
В.	FULL NAME	City, Maryland B	alto.	City on, give street address on	A. STATE Maryland	E (Where deceased lived. If B. COUNTY	institution: residence before admission)
	OSPITAL OR ISTITUTION	Provident	Hospita	location)	Baltimore	(If outside corporate limit	ts write KURAL and give township)
	ength of s	tay in Baltimore	30 Yr	Yrs. Mos. Days	606 N. Frem	(If rural, give location)	-
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	Male	Colored	Sep.	ED, DIVORCED (Specify)	May-29-1882		onths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind of	I TOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
wor	Laborer	of working life, even if retired)	In G	eneral	Virginia		U.S.A.
13	FATHER'S				14. MOTHER'S MAIDE	N NAME	0.001
15	Zace	ra Critt			Lucy	Braxton	
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
_	No				Eva Lynch 64	7 George St	
CERTIFICATION	(This does heart failt injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA: a not mean the mode of the complication which of the complication is to the death, but is ease or condition	TH of dying, e. g ons the disease caused death. SES F ANY, GIVIN STATING TH OST. TIONS CON NOT RELATE	(B) G DUE TO (C)	noma of the Lun		ONSET AND DEATH
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA					ATION		20. AUTOPSY?
A			1				YES NO X
VEST STERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. Contribution Cause of Death Cause						rive exact location)	
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE AT WORK							
	the evi	dence obtained by ath in my opinion	said Autor	psy, Inspection or l	Aŭtor Inquiry, find that said 基, accident _, suid 238. CHIEF MEDIC ASSISTANT MEDIC	ection & inquiry by, Inspection or Inquiry d deceased died on the cide, homicide, u AL EXAMINER	ne day stated above, andetermined .
24 TIC	A. BORAL C	CREMA- 241. DATE pecify)	2	4c. NAME OF CEMETE	D. MEDICAL INVESTI	D. LOCATION (City, town,	or county) (State)
LC	Burial TE RECEIVED	7/1/19 PBY REGISTRAR'S		Mt Arburn C	Flory o, Will		ADDRESS ally and
V	S 151	1044	0	97099			V

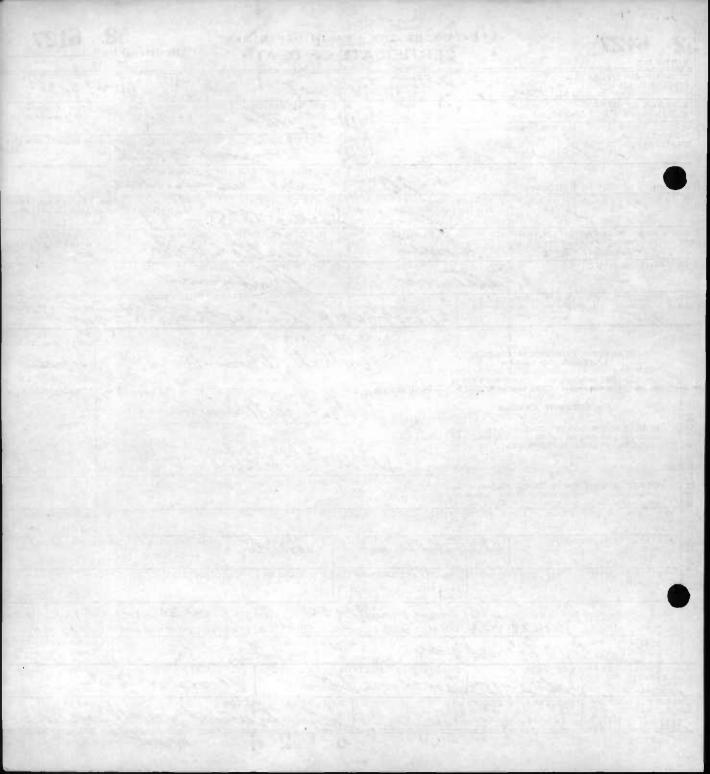


BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECASED (Type of First 19	BI	BIRTH NO. 6126 CERTIFICATE OF DEATH Registered No.						
Beltimore City, Maryland Control Discount of Hospital or institution, give street address of Hospital or institution in the process of Hospital or institution in the Hospital or institutio	1. (T	NAME OF D	ECEASED.	a	mie		OF (A	129.52
HOSPITAL OR Bar Wilbar Home	A.	Baltimore (City, Maryland	1017	r Cold s	A ATE	B. COUNTY	before admission)
Entimore Tyns. Mos. STREET ADDRESS (If rural, give loaders) 1227 Bast Monument Street 1227 Bast Monument Street S. SEX G. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) Wid Ow 10. USUAL OCCUPATION (Give hinded) At Home 10. KIND OF BUSINESS OR INDUSTRY DOMESTIC 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Manual Properties) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Manual Properties) 16. SOCIAL (Yes, see or usual work) (If yas, give was or dates of service) 17. INFORMANT JOSEPH Clayton 1602 Milliman St CAUSE OF DEATH UNDUSTRY DISEASE OR CONDITION DIRECTLY (This does LEADING TO DEATH white, e. E., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITION LAST. (B) OTHER SIGNIFICANT CONDITION S. F. ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION S. DEATH OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH BUT NOT REL	H	HOSPITAL OR location) CITY OR TOWN (If outside corporate limits, write RURAL and gi						
C. Tength of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) WIDOWED.		Bar Wilbar Home Baltimore 5 To township						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWCED (Specify WIDOWCED (Specify WIDOWCED) DIVORCED (Specify DIVORCED (Specify WIDOWCED) DIVORCED (Specify DIVORCED) DIVORCED DIVORCE		anoth of a	tor in Poltimore	T.i.f.	Mos.			
Total Collaboration (Girchindof working life, even if retired) Total Collaboration (Girchindof working life, even if the life life life life life life life lif				7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years II Un	der 1 Year II linder 24 Hours
10. USUAL OCCUPATION (Give kinder) work does during mote of working life, even if returned) 10. KIND OF BUSINESS OR INDUSTRY Baltimore 12. CITIZEN OF WHAT COUNTRY		Female	Col.			May - 19 - 77		hs Days Hours Min.
Domestic At Home Baltimore U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, sive war or dates of service) 16. SOCIAL (Yes, no or unknown) (If yes, sive war or dates of service) 17. INFORMANT ADDRESS DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING OR CONTRIBUTING 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LATED about home, farm, factory, street, effect hidgs, etc.) FINDING OR CONTRIBUTING about home, farm, factory, street, effect hidgs, etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND				
ISEAC Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT JOSEPH Clayton 1602 Milliman St CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY 'LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CONTRIBUTING CAUSING About home, farm, factory, street, office hidgs, etc.) FINJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR?				At				
15. WAS DECEASED EVER IN U. S. ARKED FORCES? (Yes, a) or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	13					14. MOTHER'S MAIDEN I	NAME	
SECURITY NO. JOSEPH Clayton 1602 Milliman St	15	WAS DECEASE	ac Smith	FORCES	146 606141			
The significant conditions contributing to the disease or condition causing it. Cause of Death	(Ye	, no or unknown)	(If yes, give war or date	s of service)				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, nsthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 201A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?					CAUSE		n 1602 Milli	
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21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	AL		0					
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m. WHILE AT WORK AT WORK	K	· intoont			WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw th	deceased alive on, 19, and that death occurred at 4 30 m., from the causes and on the dat							
								date stated above.
23A. SIGNATURE GOLDON, D. 23B. ADDRESS MIK and BIG 6795		14	1 HOL	MA	4Q ~ M. D.	403 Mex	arts B	6/29,52
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 7/1/1952 Mt Calvery Cem. Brooklyn Md.								



	000			FO	
1	2 6127	BALTIMORE CITY H	EALTH DEPARTMENT	52	6127
12	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED			2 545-	
(7	Type or Print) Lora	a Catterson	Shue !	OF GUN	130,1952
A	Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution : residence before admission
	FULL NAME OF (If not in hospit OSPITAL OR	ital or institution pive street address of		Balten	
	ISTITUTION Hillcres	t Mussing Home	c. CITY OF TOWN (If our	tside corporate limits, w	rite RURAL and give township
6	ength of stay in Baltimore	20 Mos. Days	D. STREET ADDRESS (If par	al, give location)	5355
5	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	AGE (In years H Und	er 1 Year II Under 24 Hours
	4 w.	WIDOWED DIVORCED (Specify	June 3-18/5	last birthday) Month	s Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of Least Juring most of working life every firetired)		11. BIRTHPLACE (State or fore)	en country 12	CITIZEN OF
	Housewife	1 Ame	/ Lallo 60	110	asa
13	B. FATHER'S NAME	PH	14. MOTHER'S MAIDEN NAM	E	
		Allesson	1 where	ww	
18 (Ye	WAS DECEASED EVER IN U.S. ARME w, no or upknown) (If yes, give war or date		17. INFORMANT	1 Great	Assture 10.
1	20	2/7-03-94	7/B Clover 2	ue Tow	2000 4
	18. 260 X		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	1	1 11.	/	ONSET AND DEATH
	LEADING TO DEA	ATH /0/	Ella Herman	linge	Hlocks
	(This does not mean the mode heart failure, asthenia, etc. It mea	eans the disease,			
	injury or complication which				
	ANTECEDENT CAUS	ISES	Iral artemile	rono	
6	DISEASES OR CONDITIONS,	(🗗)			
RTIFICATION	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L) STATING THE DUE TO	. n		
Q		Miss	itin Mallitin		
H	п	(c) (U)	us prosecuto		
ER	OTHER SIGNIFICANT COND				
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION				
1	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
OA					YES NO
EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If is etc.) INJURY OCCUR?	n Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	ED 21F. HOW DID INJURY C	CCUR?	
	OF INJURY	WHILE AT NOT WHILE			
		m. WORK AT WORK			
	22. I hereby certify that I att	conded the deceased from 1121		ne 30, 1952, t	
		9, 1952, and that death occu			
	23A. SIGNATURE	11-41 Day	23B. ADDRESS	18 3	23c. DATE SIGNED
-	4A. BURIAL, CREMA- 24B. DATE	M. D. 249-60AME OF CEMETE	RY.OR CREMATORY 240 LOC	ATION (City, town, or	1 /
	ON TEMOVAL (Specify)	-10-10 La moderate	With the start	man Ma	Loghty) (State)
-	June July	1324/100 mires	TIPING 7	7	DDDEC# 2
L	ATÉ RECEIVED DE RECEITRAR	'S SIGNATURE	25 FUNERAL DIRECTOR	A. 1010	12/2/
	III 1 1952 Tunks	ngion Villacus, My.	some some	The sale	My 1a
	VS 150	0 2 2 0 1/1	6 1 2 4	Mortzon	14-
1		e			



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BIRT	TH NO.	() Fight

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6128 Registered No.

B	IRTH NO.						
	NAME OF Daype or Print)	JOSHU	IA SI		2. DATE OF DEATH 6/30/	⁷ 52	
Α.		City, Maryland			4. USUAL RESIDENCE (V		
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	MD.		23
11	STITUTION	1319 BAYARD	STREE	ET	BALTIMORE (If	outside corporale limity	write RUP IL and give township)
			11177	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of s	stay in Baltimore	Life	Mos. Days	1319 BAYARD	ST.	
5.	. SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years H)	Under 1 Year If Under 24 Hours
_	M No.	C		FD, DIVORCED (Specify)	8/4/1893		Under 1 Year If Under 24 Hours this Days Hours Min.
wor	k done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	CARPENT	TO 100	CONST	TRUCTION	BALTIMORE, MD		U.S.A.
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	U.D.R.
		Y SMITH			ELLA WILLIA	MS	
15 (Ye	, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
,	YES	(If yes, give war or date	,	SECORITI NO.	LESSIE SMITH_1	317 BAYARD	ST.
	18. 1/ 0.0			CALLEE		7-1, 2	INTERVAL BETWEEN
	420				OF DEATH .		DNSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT		24.0	9	0 4	2 4
	(This does	s not mean the mode oure, asthenia, etc. It mea	f dying, e. g	., (A)	wearder J.	Kevellar	3 dluga
	injury or	complication which c	auscd death.	e, .) DUE TD		0	
		ANTECEDENT CAUS	FC	The District of the) '
-		ANTECEDENT CAUS		Con	manere Orlan	Dung	
ō	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) Corunary Calley Description (B)						
E	UNDERLY	THE ABOVE CAUSE (A)	STATING TH	E DUE TD	V /		
CATION				(C)	***************************************	<	
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ERTI	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
		TD THE CEATH, BUT					
U				FINDINGS OF OPER	ATION		20, AUTOPSY?
AL			55. M/15511	. Montoo or or En	ATTOR		
ò	21a. ACCID	DENT WAS UNDER-	218 PLA	CE OF INJURY (e. g., in	or 21c, WHERE DID (I	f in Baltimore City, gi	YES ND
MEDICAL		R CONTRIBUTING [arm, factory, street, office bldg., e	(a.) INJURY OCCUR?	I in Datumore City, gr	ve exact location)
	21D. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	1 MOOK!			WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 6		6.30 1952	that I last saw the
	deceased a	live on 6.30	1952	and that death occur	red at 5.50 Pm., from the	he causes and on the	e date stated above
	23A. SIGNA	TORE O	. 0 0	12:	3B. ADDRESS	0	23C DATE SIGNED
		John P. V	Work	M. D.	1227 Warle	(Island	1-1-82
2	4A. BURIAL,			4c. NAME OF CEMETER		OCATION (City, town, o	r county) (State)
TIC	BURIAL	7/2/52		DATED NIAM .			
P	ATE RECEIVE	D BY REGISTRAR'	SSIGNATU		L CEM. BAL'		ADDRESS
L	CAL REGIST	PAROFOLL	1 1 1		HAS. G. COOPER		
	70r 1	1904 Juntin	ylon /	dusius Mis	d. COOFER,	_ JIZ CARROL	LTON AV.
	VS 150	1 6	13 3	- 1	10000011	P. Las	
				5/0246	harles 4	Corpell	

and the factor of the

436 52 6129 SIRTH NO. NAME OF DECEASE Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 6129

BIRTH NO.	L OI DLAIII
1. NAME OF DECEASED halfes Golde	2. DATE OF DEATH 6/27/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
836 N. Carov St.	Balto. 6 township)
Yrs. Mos.	D. SIREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	1006/V.Carey UY.
Male Col. WIDOWED DIVORCED (Specify)	JUN021, 1881 7/
10A. USUAL OCCUPATION (Give kind of rocking most of working life, even if retired) INDUSTRY	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chaples Lidgen Sn	Charlotto Murray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or emknown) (If yes, give war or dates of service) SECURITY NO.	Lyeo, Handy 836 M. Carevot
1000	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	terescleration
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease.	mosecuous
injury or complication which caused death.) DUE TO	Least mas 18 mas
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST	
The state of the s	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mator arthritis
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
X I	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home.	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
215. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	an 1950 to June 27195 that I last saw the
deceased alive on 2719 5 2 and that death occur	
	38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMETE	
24A. BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION City, town, or county) State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 3 2 2 M
JOPAL REGISTRAR Attentington Williams Her	Mr. Net. RVSI: Seland Co.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 6130

В	RTH NO.			CERTIFI	CATI	E OF DEAT	Н	registere	u 140.	
1. (T	NAME OF E	DECEASED	tlant	tic R	4,	ndneh		2. DATE 6	/28/5	
	PLACE OF E Baltimore		Can	40 (.		4. USUAL RESIDE	ENCE (Whe	DEATH ere deceased lived B. COUNTY		esidence admission)
H	FULL NAME OSPITAL OR STITUTION	24			ddress or location)	c. CITY OR TOWN	(If ou	tside corporate li	WHILDURA	L and give
0	5	104 1000	uana	y wo	<u> </u>		BAK	TO.F		
		stay in Baltimore			Yrs. Mos. Days	b. STREET ADDRE	0.0	ral, give location)	, ave,	
5	mula	6. COLOR OR RACE	WIDOW WILD	ED, DIVORGED	(Specify)	8. DATE OF BIRTH	879	last birthday)	if Under 1 Year If Months Days H	Under 24 Hours ours Min.
10 worl	A. USUAL OC	CUPATION (Givokind of of working life, even if retired)	10B. KIND	OF BUSINESS	S OR DUSTRY	11. BIRTHPLACE	State or fore	ign country)	12. CITIZEN WHAT C	OF OUNTRY
13	. FATHER'S	NAME				14. MOTHER'S MA	IDEN NAM	TÉ.		
15	WAS DESCEASE	Wm Vo	nes			Louis	a (4	um mi	295	
(Yes	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT	,	1	ADDRESS	n.
_	110				4	ruzze wa	40 5	104 101	mandy	we
	18. 44	7× 1		CA	AUSE (OF DEATH				ND DEATH
		SE OR CONDITION LEADING TO DEA	TH			Chemia			6-8	weeks
	heart fail	s not mean the mode oure, asthonia, etc. It mea	ns the discase		**************		•••••••	*******************************		
	injury or	complication which) DUE TO	6	1	1	1		
Z		ANTECEDENT CAUS		(B)	In	nalized	lecton	à Julean	10	m+
TION	RISE TO T	S OR CONDITIONS, I	STATING TH	DUE TO	111	4				
CA	ONDERL	YING CONDITION LA	ST.	(C)	Ne	per cense	m	*****************************	10	力十
JE!		ll e			0 4	V ,	-00			
CERTI	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED		00	isity	************************		20	414
ار	19a. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS O	F OPER	MOITA			20. AU	TOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about bome, fa	CE OF INJURY	Y (e. g., ir	a or 21c. WHERE D	OID (If i	in Baltimore Cit;		
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	W	1E. INJURY O	OT WHILE	ED 21F, HOW DID	INJURY (OCCUR?		
h	22 I homel	has consider that I at			AT WORK	950 19	4. 6 -	28-52,0	42 -4 7 2	4 47
	deceased a	by certify that I at	cnaea the	ieceasea jroi and that deat	h oceur	red at/0:10pm.	from the	equees and or	, that I las	
	23A. SIGNA		156	Mn	2	3B. ADDRESS	al -	731/1	23g. DATE	
	A. BURIAL,		2	4c. NAME OF		RY OR CREMATORY	24b. LOC	ATION (City, to	wn, or county)	(State)
	ATE RECEIVE		2		don	25. FUNERAL DIR	ECTOR	NARIO	· MA.	
L	CAL REGIST	TRAR AL	J- I	(11:	115	STATE OUT	20 2	101- 21	PO	+

1	00
2	6131
BIR	TH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6131

1. NAME OF DECEASED (Type or Print)	2. DATE 6/26/26
(Type or Print) S. PLACE OF DEATH:	DEATH / 52
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RUBAL) and give
14210 Vermont ave	Balto. L township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	4210 Vermont ave
5. SEX 6. COLOR OR RACE 7. STROEE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours I Months: Days Hours Min.
Make White Married	1/1/893 59 2 28
10A. USUAL OCCUPATION (Give kind of working nest of working life even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Balto, Md.
Jod 2/ A	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	(Unknown) Vinelalt
(Yes, no or nnknown) (If yes, give war or lates of service) SECURITY NO.	17. INFORMANT
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	mmay fubriculosis 5 Yrs.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
(C)	
E II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
ISS. MASSA TIMESINGS OF OFER	YES NO
Z1A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i) about home, farm, factory, street, office bldg., e	o or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	MOON! OCCON!
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1949, to Vune 29, 1952 that I last saw the
deceased alive on Luce 25, 19 52 and that death occur	
23A. SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
24a. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETE	29/0 Oulan Telle C-30-52 RY ON GREMATORY 240. LOCATION (City, town, or county) (State)
Burial 7/2/52 U.S. nut	ing Both nid
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Huntington Williams M.	U.M. Cook Inc. 12M St P. I st
JUL vs 150	O To The state of

BALTIMORE CITY HEALTH DEPARTMENT

52 6132

Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) June 26, 1952 ESTELLE STANLEY DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR c, CITY OR TOWN (If outside corporate finits, write RURA and give INSTITUTION township) Baltimore Provident Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1339 Myrtle Avenue Days 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years It Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE I 5. SEX colored female 10A) USUAL OCCUPATION (Givekind of 108 KIND SINESS OR 12. CITIZEN OF WHAT COUNTRY? ne during most of working life, even if retired) mesue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) (If yes, give war or dates of service) CURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION VES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Ycar) (Hour) OF INJURY WHILE AT 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and Math in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23A. SHONATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR . TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) survay

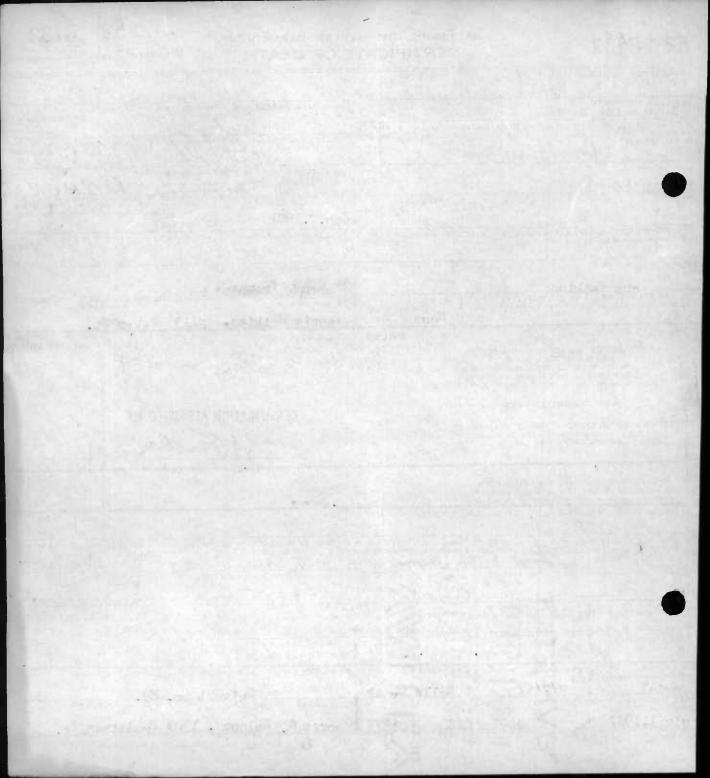
DATE RECEIVED B

LOCAL REGISTRAR

SIGNATURE

REGISTRAR'S

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50 6	1500		BAI	TIMORE CI	TY HE	ALTH DEPART	MENT		J.C.	OTO	13
	5133			CERTIFI	CATI	E OF DEATI	Н	Registe	ered No.		
BIRTH NO.			7			1					
1. NAME Of		11/6-	12:	1/4				2. DATE OF	1/00	7/50	
3. PLACE O	E DEATH.	was	runs	1/41	702		(327)	DEATH	4/2/	106	
A. Baltimor				,		4. USUAL RESIDE	ENCE (Whe	re deceased li		tution : resid before ada	
B. FULL NA	ME OF		al or institut	ion, give street a		W/0	irula	nel			,
HOSPITAL O			1 11	1	location)	C. CITY OR TOWN	A ((If ou	tside corpora	te limits, w		
2	9 tr	roviden	+ Ho	appla)		Bal	Timo	2	15	- D to	wiship)
			7	1	Yrs.	D. STREET ADDRE	SS (If rur	al, give locat	ion		
congth o	of stav in	Baltimore			Mos.	24/3 -	Bush	1	B	AVE	05
5. SEX		LOR OR RACE	7. SINGL	E. MARRIED.	Days	8. DATE OF BIRTH	1 0	. AGE (in ye	ars If Under	1 Year H Hade	er 24 Hours
m		20		ED, DIVORCED	(Specify)	0				Days Hour	
10: 1101111	1	(cogn)	/	Marrie.		Jan. 7.1891		0			
ork done during u	OCCUPAT nost of workin	FION (Give kind of g life, even if retired)	10B. KINE	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (S	State or forei	gn country)	12.	WHAT COL	F
	Jone-	/ -	els.	Contract of		me	aryla	no.		1. 1	7
13. FATHER	S NAME					14. MOTHER'S MA	IDEN NAM	E		-10	1
т	. 1.7	2.2			100	Sara The					
15. WAS DEC	EASED EVE	R IN U. S. ARMEI	D FORCES?	16. SOCIAL		The state of the s)EELO				
Yes, no or uokno	(lf y	es, give war or date	s of service)	SECURIT	Y NO.	17. INFORMANT		Year L	ADDR		
No				None		Fannie Wath	dns.	2413 B	aker S	t.	1000
18. 93	1.3			C	AUSE (OF DEATH	,			INTERVAL BI	ETWEEN
DIS	EASE OR	CONDITION	DIRECTLY		. /	1 0	4-	,	1	1	DEATH
(This	does not m	ean the mode of	TH of dving, e. c	7 (A)	1/2	ut tras	INATE	an =		200	40.
heart f	ailure, asth	enia, etc. It mea	ins the diseas	e,	•••••••••	······································					f.g
injury	or compi	cation which	aused death	.) DUE TO			3				
	ANTE	CEDENT CAUS	SES			OFFICE	HOLTION	ABBBOULE	nv		
DISEA	SES OF C	ONDITIONS, I	F	(B)		CERTIF	ICATION	APPRUYEL	BA		
RISE T	O THE ABO	OVE CAUSE (A)	STATING TH	E DUE TO		. /	216	- 1			100
UNDE	RLYING C	CONDITION LA	ST.	(C)		6	VIII	rshe	Lun	1 1 1 1 1	10 m
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=		11				- Unit C	ON MOST. ME	NOWE EXAMIN			
		ICANT CONDI									
		OR CONDITION	CAUSING 1	т							
19A. DAT	E OF OPE	RATION 1	98. MAJOR	FINDINGS O	F OPER	ATION				20. AUTO	PSY?
4										YES	NO
21A. AC	CIDENT W	AS UNDER-	21B. PLA	CE OF INJUR	Y (e. g., in	to 21c. WHERE D	ID (If i	n Baltimore	City, give	exact location	on) il
CAUSE	OF DEATH	TRIBUTANG	DR.R	Lat	un	d. Bus Riv	broad	yard	Locu	et prin	FIL
210. TIM	E (Month)	(Day) (Year)	(Hour)	21E INJURY O	CCURRE	D 21F. HOW DID	INJURY O	COUR?)	- Porton	-1
OF INJU	RX.	2/16	Thu.		OT WHILE	Them !	+0.	1. 1		1.,	14.
	Tune	-04,17	5 d.m.	WORK L	AT WORK L	atwork in	3 the	pun , A	uccu	neved	Have
I he	reby cert	ify that I att	ended the	deceased from	n 6	127/8 419	, to_6	127/5,	19, th	at I last s	aw the
deceased	d alive on	l	_, 19	and that deat	h occur	red atm.,	from the	causes and	on the de	ate stated	above
23A. SIG	11	0 11.	D:		2:	38. ADDRESS		1 /	23	C. DATE S	IGNED
The second	10	un W.	ULG	-, ,	и. D.	From ale	m/	drat		7/4/5	2.
24A. BURIA ION, REMOVA	L. CREMA-	24B. DATE		240 NAME OF	CEMETER	RY OR CREMATORY	24D. LOC.	ATION (City	, town, or co	ounty)	(State)
Buntal	E (Specify)	7/2/50	, /	Halls C.		DEFEEL, YO	0 4		1.		
DATE RECE	VED BY	REGISTRAR	S SIGNATI		reek_	25. FUNERAL DIRI	ECTOR	L 00. I	ADI	DRESS	
OCAL REG		-A-	1- 11	111-	4 Agreem						
uly 1,	1952	, with	glow //	ellalles.	N.P.	George G K	elson .	1303 1	resstm	an St.	
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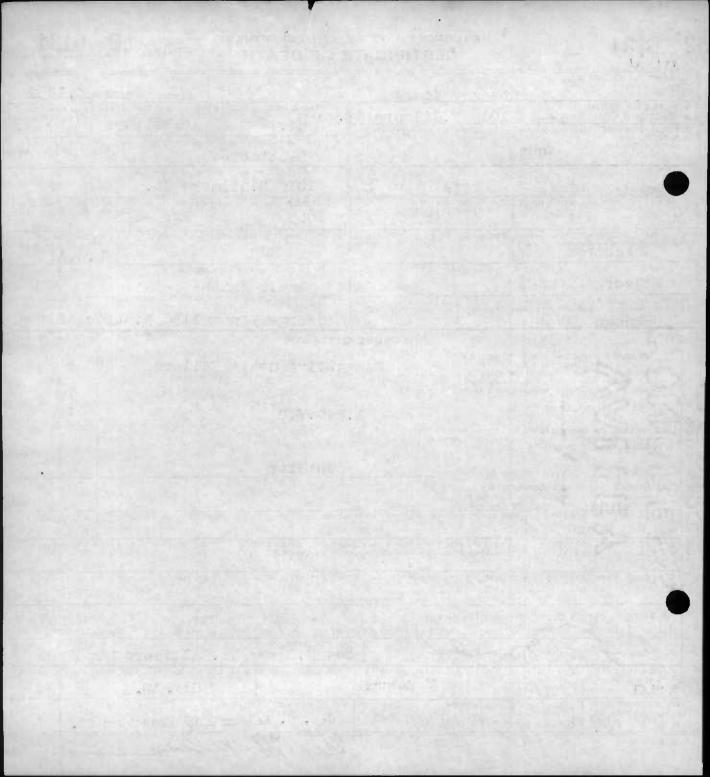


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i		J. C.	C) X

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6134

BI	RTH NO.						
	NAME OF E					2. DATE	-0
		Ay	thone	y Young			ne 28,1952
A.	Baltimore (City, Maryland		N.Gilmore S	A. STATE	NCE (Where deccased lived, If B. COUNTY Baltimor	
H	OSPITAL OR		ar or mistreut	location	4		ts, white RURAL and give
IN	STITUTION	None			Baltim		township)
	The state of the s			Yrs.		SS (If rural, give Lecation)	
4		stay in Baltimore	L1:	Days	II.	Gilmore St.	
	M 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)				1869	9. AGE (In years last birthday)	M Under 1 Year on this Days Hours Min.
1 C	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
	Geo	rge Young			Emely	Smith	
15	, WAS DECEAS	ED EVER IN U. S. ARME! (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
(10	Unkno		e or service,	SECURITY NO.	George Y	oung 1136 N.St	ricker
	18. 11 1	2 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	7 7	SE OR CONDITION	DIRECTLY		O. DEATH		ONSET AND DEATH
	(This doe	SE OR CONDITION LEADING TO DEA s not mean the mode	TH dving a	Con	gestive hea	rt Failure	?
	heart fail	ure, asthenia, etc. It mes	ans the diseas	е,			** ************************************
	injury or	complication which		.) DUE TO			
7		ANTECEDENT CAU	SES	A	.H.C.V.D		?
ERTIFICATION		S OR CONDITIONS,			· · · · · · · · · · · · · · · · · · ·		
AT	UNDERL	THE ABOVE CAUSE (A)	STATING THAST.	E DUE TO			
2					Senility		
E		II		(C)	Delitition		
吊吊		SIGNIFICANT COND G TO THE DEATH, BUT					
ū	TO THE I	DISEASE OR CONDITION	CAUSING I	Т	DATION		LOO AUTODOVO
1	19A. DATE	None 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICA	21A. ACCID	ENT, SUICIDE.	1 218. PLA	CE OF INJURY (e. g.,	in or 21c. WHERE DI	D (If in Baltimore City,	120 110
G	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.	,etc.) INJURY OCCUR	17	
Σ	210 TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F HOW DID	INJURY OCCUR?	
	OF INJURY	(220001) (201) (201)		WHILE AT NOT WHILE			
	m. WORK AT WORK						
				deceased from	W. 12 , 1959		that I last saw the
	deceased a		7, 195 2	and that death occi	23B. ADDRESS	from the causes and on t	he date stated above.
	Heor	Il Men	mas	M. D.	844 N. Carey	St.Baltimore	6/30/52
2	DE REMOVAL	CREMA- 24B. DATE			ERY OR CREMATORY	24D. LOCATION (City, town	, or county) (State)
	Burisl	17 Pm /m /	59	Mi Auburn		Balto. Md.	TIES HELLE
	ATE RECEIVE		SSIGNATU	RE	25. FUNERAL DIRE		ADDRESS
100	JUL T	952 Hunting	ton Wil	liaus, Miss.	Geo. G. Ke.	som 1303 Presetu	nan St.
-	VS 150	0		0 5 2	111 000	Va One	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO me Mallan 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR (If outside corporate limits, w Ato RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. Length of stay in Baltimore 18 007 Days 5. SEX 6. COLOR OR RACE 7. SLAGLE, MARRIED 9. AGE (In years li Under I Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if figured) INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 248-28 NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown) -28-0693 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY AT WORK WORK me 22. I hereby certify that I attended the deceased from , that I last saw the and that death occurred at_ deceased alive on m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) OF CEMETERY OR CREMATORY 24B. DATE 24c NAMA 24D.

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

RECISTRAR'S SIGNATUL

Presstman St.

En Johnson

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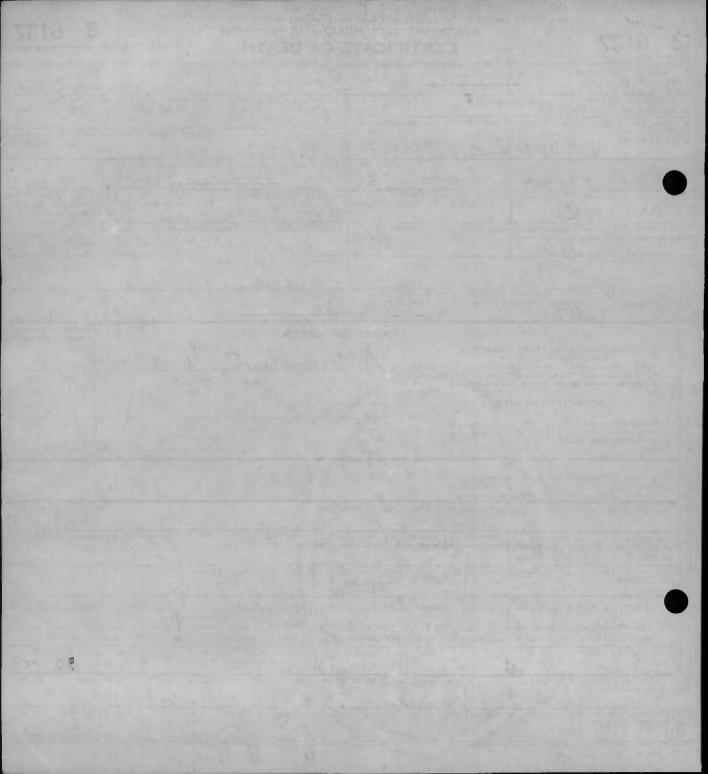
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6136

BIRTH NO.	<u> </u>	- 0. 52/(111		
1. NAME OF DECEASED (Type or Print)	best Disks	97	2. DATE OF DEATH SU	ne 28.1952
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i	institution : residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 601 B	al or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limes	write RUR (L and give
	Yrs. Mos.	D. STREET ADDRESS (If r		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	Under I Yeer If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	U.S. A.
15. WAS DECEASED EVER IN U.S. ARMEI Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT Pink	300 160%	DDRESS CT
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	DIRECTLY TH of dying, e. g., ns the disease,	DE DEATH	e Hant De	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, III RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	terioreloro		
OTHER SIGNIFICANT CONDI	NOT RELATED			
19a. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	2 or 21c. WHERE DID (Inte.) INJURY OCCUR?	f in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I att deceased alive on 623		red at 3 30 P.m., from th	6/23, 1953 the causes and on th	that I last saw the e date stated above.
23A. SIGNATURE	Holmes III. D. 2	927 n. by	nese	6/30/52
24A. BURIAU CREMA- TION, REMOVAL (Specify)	52 MA Quel	rum Bo	CATION (City, town,	nd.
	Inglow Williams M	25. MINERAL DIRECTOR	loon	1303
VS 150	1 4 4 6 60	Gres	tman	29

ad to life 538182 DAMES Backto MAN / Missell El Florence Paragraph De Holmes. Mourol + marker

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE or Print ONSEL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION NIVERSIT township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Il menow ngth of stay in Baltimore Days AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR LACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Salverec 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) (If yes, SECURITY NO. War 1- C-INTERVAL BETWEEN 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO V 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21p. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 2. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes IV, accident 🗀, suicide 🗀, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 852 Julial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 6.1 V S 151



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52	6138

)	2 613	88		and.	EALTH DEPARTMEN E OF DEATH	Registered	02 6138 No.
_	IRTH NO.						
	NAME OF Daype or Print)	0 11	_			2. DATE OF	
	PLACE OF D		France	<u>es</u>	4. USUAL RESIDENCE		
_	FULL NAME	City, Maryland	al on institution	n, give street address or	England	B. COUNTY	before admission
H	OSPITAL OR	OF (II not in nospit		location)		(If outside corporate lin	nits, write RURAL and giv
į	Majur	of Md.	HOSP		Leicestershi	ine 4-	-02 township
3				Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	Length of s	stay in Baltimore	1 ma	onth Mos.	Sileby nea	v Lough bo	MO SO h
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under - Fear If Under 24 Hours
	F	W	WIDOWE	DIVORCED (Specify)	SEPT. 26, 1883		Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF
		WIFE	OWN	INDUSTRY	England		WHAT COUNTRY
13	FATHER'S			77.5 77.62	14. MOTHER'S MAIDEN	NAME	Great Britain
	Fre	d Taylor			Ovelag A	Santia	
15	. WAS DECEASE	ED EVER IN U. S. ARMET	D FORCES?	16. SOCIAL	17. INFORMANT	Tarita	ADDRESS
(Ye	s, no or unknown)	(if yes, give war or date	s of service)	SECURITY NO.		1	
	10 1/0	^			John Taylor,	Wortminste	
	18. 42	Dil		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEAT		- 1			
	(This does	not mean the mode o	of duing a g	I I POTO -	CHARLET STREET	4-00	
		wa acthonia eta It men	math disease	(A) Intra-	- Lawore	hage +	
	injury or	re, asthenia, etc. It mca complication which c	ins the disease.		spected myocare		
	heart failu injury or	re, asthenia, etc. It mca complication which c	ns the disease, caused death.)				
Z	heart failu injury or	ire, asthenia, etc. It mca	ns the disease, caused death.)		spected myocare	dial infanction	
ION	injury or DISEASE	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, 11	ins the disease, caused death.) SES F ANY, GIVING	(B) Hypert	ensive Arterio		
ATION	injury or DISEASE: RISE TO T	are, asthenia, etc. It mea complication which c	ns the disease, caused death.) SES F ANY, GIVING STATING THE	(B) Hypert	spected myocare	dial infanction	
ICATION	injury or DISEASE: RISE TO T	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III	ns the disease, caused death.) SES F ANY, GIVING STATING THE	(B) Hypert	ensive Arterio	dial infanction	
LIFICATION	injury or DISEASE: RISE TO T	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease, caused death.) SES F ANY, GIVING STATING THE	(B) Hypert	ensive Arterio	dial infanction	
RTIFICATION	DISEASE: RISE TO T UNDERLY	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	ins the disease, caused death.) SES FANY, GIVING STATING THE ST.	(B) Hypert	ensive Arterio	dial infanction	
CERTIFICATION	DISEASERISE TO TUNDERLY	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	ins the disease, caused death.) SES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED	(B) Hypert	ensive Arterio	dial infanction	
CERTIFICATION	DISEASERISE TO TUNDERLY OTHER STRIBUTING	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI S TO THE OEATH, BUT USEASE OR CONDITION	ins the disease, caused death.) SES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT.	(B) Hypert	spected myocare rensive Arterio scular disease	dial infanction	
L CE	DISEASERISE TO TUNDERLY OTHER STRIBUTING	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI S TO THE OEATH, BUT USEASE OR CONDITION	ins the disease, caused death.) SES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT.	OUE TO VAS	spected myocare rensive Arterio scular disease	dial infanction	dio-
DICAL CE	OTHER STRIBUTING TO THE O	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT HEASTE OR CONDITION OF OPERATION FOR CONTRIBUTING R CONTRIBUTING	INS the disease, caused death.) SES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F	OUE TO VAS	ensive Arterio	dial infanction	dio-
L CE	OTHER STRIBUTING TO THE O	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT HEREASE OR CONDITION OF OPERATION INTERPRETATION INTERP	F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F	OUE TO VA. OUE TO VA. (C) FINDINGS OF OPER E OF INJURY (e. g., in, factory, atreet, office bldg.,	ensive Arterio	dial infarction	20. AUTOPSY?
EDICAL CE	OTHER STRIBUTING TO THE O	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT HEASTE OR CONDITION OF OPERATION FOR CONTRIBUTING R CONTRIBUTING	INS the disease, caused death.) SES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm (Hour) 21	OUE TO (B) HYPER OUE TO (C) FINDINGS OF OPER E OF INJURY (e. g., in, factory, atreet, office bldg.,	ensive Arterio cular diseare RATION Deliar DID INJURY OCCUR? ED 21F. HOW DID INJU	dial infarction	20. AUTOPSY?
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EDICAL CE	OTHER STRIBUTING TO THE OLYING OF CAUSE OF INJURY	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OBATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year)	F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm (Hour) 21 WH. W. W. W.	OUE TO (B) HYPERT OUE TO (C) FINDINGS OF OPER E OF INJURY (e. g., infactory, atreet, office bidg., E. INJURY OCCURR ILE AT NOT WHILE AT WORK	ensive Arterio cular diseare RATION DOI: 100 100 100 100 100 100 100 100 100 10	dial infarction - Sclendic Can (If in Baltimore City URY OCCUR?	20. AUTOPSY? YES NO , give exact location)
EDICAL CE	OTHER STRIBUTING TO THE OCUPANT OF T	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION TO THE OEATH, BUT USEASE OR CONDITION OF OPERATION INCOMPLETED PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	F ANY, GIVING STATING THE STAT	OUE TO (B) HYPERT OUE TO (C) FINDINGS OF OPER E OF INJURY (e. g., infactory, atreet, office bidg., E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK CECASED from 6	ensive Arterio cular diseare RATION DOI: 10.00	(If in Baltimore City URY OCCUR?	20. AUTOPSY? YES NO (1) No (2) No (2) No (2) No (3) No (4)
EDICAL CE	OTHER STRIBUTING TO THE OCUPANT OF T	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT USEASE OR CONDITION OF OPERATION PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) The certify that I att Live on 670	F ANY, GIVING STATING THE STAT	OUE TO (B) HAPPER OUE TO (C) FINDINGS OF OPER E. OF INJURY (e. g., in, factory, street, office bldg., E. INJURY OCCURR INTERNATION NOT WHILE AT WORK E. OF INJURY OCCURR E. OF INJURY OCCURR E. OF INJURY OCCURR AT WORK E. OF INJURY OCCURR E. OF INJURY E. OF INJU	RATION 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY -17 1917 to- rred at 100 A m., from	(If in Baltimore City URY OCCUR? (B - 30 , 19) In the causes and on	20. AUTOPSY? YES NO 4. , give exact location) 72. that I last saw the the date stated above
EDICAL CE	OTHER STRIBUTING TO THE OTHER	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT USEASE OR CONDITION OF OPERATION PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) The certify that I att Live on 670	F ANY, GIVING STATING THE STAT	OUE TO (B) HAPPER OUE TO (C) FINDINGS OF OPER E. OF INJURY (e. g., in, factory, street, office bldg., E. INJURY OCCURR INTERNATION NOT WHILE AT WORK E. OF INJURY OCCURR E. OF INJURY OCCURR E. OF INJURY OCCURR AT WORK E. OF INJURY OCCURR E. OF INJURY E. OF INJU	RATION 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY -17 1917 to- rred at 100 A m., from	(If in Baltimore City URY OCCUR?	20. AUTOPSY? YES NO (1) No (2) No (2) No (2) No (3) No (4)
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MEDICAL CE	OTHER STRIBUTING TO THE OTHER OF TRIBUTING TO THE OTHE OTHER OF TRIBUTING TO THE OTHER OF THE OTHER OF THE OTHER O	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT DESTAYS OR CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) OF CONTRIBUTING TO THE OEATH OF CONTRIBUTING TO THE OEATH OF CONTRIBUTING TO THE OEATH OF OPERATION TO THE OEATH OF OPERATION TO THE OEATH OF OPERATION OF OPERATI	TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm (Hour) 21 m. W tended the dec., 19 JZ, an	OUE TO (B) Hypert OUE TO (C) FINDINGS OF OPER E. OF INJURY (e.g., in, factory, street, office bldg., E. INJURY OCCURR ILLE AT NOT WHILE AT WORK E. CEASE of from 6 And that death occur M. D.	RATION DE 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Tred at 1000 Am., from 138. ADDRESS 1107 EL RY OR CREMATORY 24D	(If in Baltimore City URY OCCUR? 6-30,19 n the causes and on	20. AUTOPSY? YES NO yes No that I last saw the date stated above 23c. DATE SIGNED 6-70-72- An, or county) (State)
MEDICAL CE	OTHER STRIBUTING TO THE OCAUSE OF INJURY 21A. ACCID LYING OI CAUSE OF INJURY 22. I hereb deceased at 23A. SIGNA BA. BURIAL, CON, REMOVAL CAUSE OF ACCES OF INJURY	ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) TURE OF CREMAN 24B. DATE DECEMAN 24B. DATE D	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farse (Hour) 21 m. W w teended the de 1972, an	OUE TO (B) HYPECT OUE TO (C) FINDINGS OF OPER E OF INJURY (e.g., in, factory, atreet, office bldg., E. INJURY OCCURR INTERNATION NOT WHILE AT WORK E CEASE of from 6 And that death occur A. D. C. NAME OF CEMETE BICESTERS	RATION DE 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Tred at 1000 Am., from 138. ADDRESS 1107 EL RY OR CREMATORY 24D	(If in Baltimore City URY OCCUR? (B - 30 , 19) In the causes and on LINOR AV, LOCATION (City, tow	20. AUTOPSY? YES NO yes No that I last saw the date stated above 23c. DATE SIGNED 6-70-72- An, or county) (State)
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	7.00	
12	6139	
BI	RTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6139

1. NAME OF DECEASED (Type or Print)	Pearl Busc	2. DATE OF JUN 3 0 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Much.	Oal s	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY Defore admissic	on)
B. FULL NAME OF (If not in hospital or insti	tution, give street address or	Md. and	
HOSPITAL OR INSTITUTION JOHNS HOPK	INS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and g	
33		BAITIMORE	
c. gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SING	SLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. ACE (In years If Under I fear II Under 24 He last birthday) Months: Days Hours Mi	uis n.
Semale white	W.	3-2-96 56	
vork done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		2Y?
	at home	Baltimore, Md. U.S.A.	
John Zanto		14. MOTHER'S MAIDEN NAME unkown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT ADDRESS HOSPITAL	=
18. 15/2	CAUSE	OF DEATH	
DISEASE OR CONDITION DIRECTL	Y	ONSET AND DEA	TH
(This does not mean the mode of dying,	e. E. (A) Carc	inoma of Likes, mobily 9WKS	
heart failure, asthonia, etc. It means the dis injury or complication which caused de	ease.	satatre, wrimary site	
ANTECEDENT CAUSES			
	(B)	determined.	
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.			
UNDERLYING CONDITION LAST.	(C)		****
			NW3
OTHER SIGNIFICANT CONDITIONS OF			
TO THE DISEASE OR CONDITION CAUSING		<u> </u>	
H	OR FINDINGS OF OPER		101
6126152 BIOP 21a. ACCIDENT WAS UNDER- 218. F	PLACE OF INJURY (e. g.,		
LYING OR CONTRIBUTING about hor	me, fokm, factory, street, office bldg.,	injury occur?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
m	WHILE AT NOT WHILE AT WORK		
I hereby certify that I attended t	he deceased from 6-	12- 1952, to 6-30- , 1952, that I last saw	the
deceased alive on 6-30-, 195		erred at 3 m., from the eauses and on the date stated about	ve.
23A. SIGNATURE TROMOS E. Van M	etum M.D.	JOHNS HOPKINS HOSPITAL 6 30 52	D
24A. BURIAL, CREMA- 24B. DATE ION, REMOVAL (Specify)	24C. NAME OF CEMETE		e)
Burial July 3, 1952	St. Stanisla		
DATE RECEIVED BY REGISTRAR'S SIGNAL COAL REGISTRAR	TURE	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.	
III 1 1952 Thurtington	Villacus Mir.	2601-3-5 E. Madison St.	

21119 indu total product in the to by her profession

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6140

В	IRTH NO.			CLITTI ICATI	OI BLAIII		
1.	NAME OF D Type or Print)		ROSA FAT	VA		2. DATE OF DEATH Jun	e 30, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HARFORD CONV. Home location) INSTITUTION					4. USUAL RESIDENCE (VA. STATE Md.	Where deceased lived. B. COUNTY	befor admission)
10		4700 Harfor	d Ave.	Yrs.	Baltin		township)
c. Length of stay in Baltimore 45 years Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					2518 F	9. AGE (In years)	If Under 1 Year If Under 24 Hours
10	emale	white CUPATION (Give kind of	1	VED, DIVORCED (Specify) Widowed OF BUSINESS OR	March 30, 1867	85	Months Days Hours Min.
TOP	k done during most o	f working life, even if retired) EW11E	at ho	INDUSTRY	Italy		WHAT COUNTRY?
		Salvat	ore Cor		14. MOTHER'S MAIDEN N	Concetta G	ardino
Ye	e, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Theresa Fava - d		ADDRESS bove
CERTIFICATION	(This does heart failure injury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA II IGNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	TH f dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	G (B)	tio Vaocala nio 5 deroti chae herri	z Shra	ONSET AND DEATH
CAL	19A, DATE O	F OPERATION 0 1		FINDINGS OF OPER			20. AUTOPSY?
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 6 - 28 , 1952, to 6 - 30 , 1952, that I last saw the deceased alive on 6 - 30 , 1952, and that death occurred at 6 4 m., from the causes and on the date stated above.						
24 TIC	23A. SIGNAT AA. BURIAL, C DN, REMOVAL (S	REMA- pecify) 24B. DATE	2	ZAC. NAME OF CEMETE	38. ADDRESS 074 E. Belver RY OR CREMATORY 24D. L	Loo A 12 OCATION (City, tow	23c. DATE SIGNED 7-/-52 n, or county) (State)
D/ LC	Buria ATE RECEIVED OCAL REGIST	BY REGISTRAR'S		Holy Redeemer	25. FUNERAL DIRECTOR Schimunek Funera	Belair Rd. I I Home, Inc. son St.	ADDRESS
	VS 150		()		UIUI		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	6141	
egistered	No	OldT	

1. NAME OF DECEASED FRANK SMRHA	2. DATE OF June 30 1952
A. Baltimore City, Maryland 2007 Grove Land Ave. A. STATE	DEATH ere deceased lived, If institution: residence B. COUNTY before admission)
LIGGDITAL OD	utside corporate imits, write work L and give township)
c. Ligth of stay in Baltimore life Yrs. Mos. Days 5507	ral, give location) Groveland Ave.
Days	9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) sheet metal worker Earl B. Haines Co. Baltimore, Md.	eign country) 12. CITIZEN OF WHAT COUNTRY! U.S.A.
Francis J. Smrha (n)	unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Florence Haines Sm	rha, wife, above
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	interval Between onset and Death
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Mon	that I last saw the causes and on the date stated above.
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOC	CATION (City, town, or county) (State)
Burial July 2, 1952 Druid Ridge Cem. Pikes	ville, Md. ral Home, Inc. dison St.

. nat percentation at a state of the Population Holder and a series of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

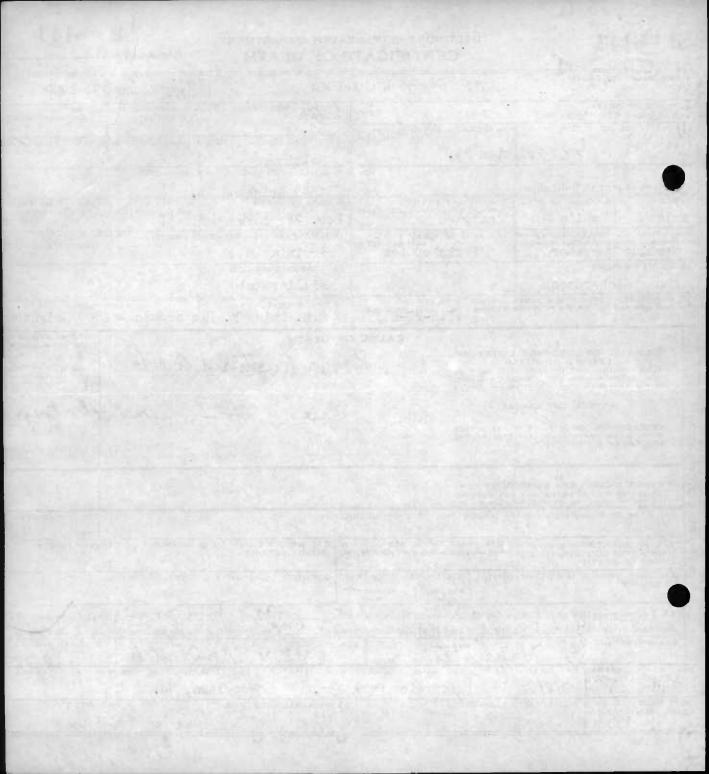
52 6142 Registered No.

ВІ	RTH NO.			OLKIII IOKII	= OI DEATH		
1. NAME OF DECEASED (Type or Print) CLARA E. KEILBAR						2. DATE OF DEATH Jne	29, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, In B. COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 931 S. Kenwood Ave.				location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)		
c.		y in Baltimore		Yrs. Mos. Days	o. street address (If 931 S. Kenwoo		
5.	Female 6	White		MARRIED. PED. DIVORCED (Specify) WICOWED	8. DATE OF BIRTH Feb. 28, 1873	9. AGE (In years last birthday) M	If Under 1 Year onths Days Hours Min.
10 work	done during most of w	UPATION (Give kind of rorking life, even if retired)	at hom	OF BUSINESS OR INDUSTRY	Washington, D.		12. CITIZEN OF WHAT COUNTRY?
13	Reuben Lo				14. MOTHER'S MAIDEN N Elizabeth Bay		
15 (Yes	. WAS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		S.Kenwood Ave.
CERTIFICATION	(This does n heart failure, injury or ec Al DISEASES (RISE TO THE UNDERLYIN	EADING TO DEA: oto mean the mode of, asthenia, etc. It meso emplication which of NTECEDENT CAUS OR CONDITIONS, IS ABOVE CAUSE (A) NG CONDITION LA	of dying, e. g ns the diseas. aused death SES FANY, GIVIN STATING TH IST.	(B) Acu	Le Mysears	linge line failu	2 days under under under
CEF	TRIBUTING T	O THE OEATH, BUT	NOT RELATE	.0		1	20. AUTOPSY?
SAL		0					YES NO
MEDICAL	LYING OR CAUSE OF DE 21D. TIME (M. OF INJURY) 22. I hereby	certify that I at	(Hour) m. tended the	and that death occur	ED 21f. HOW DID INJURED 21f. H	the causes and on the causes and on the causes and on the causes and on the causes are the causes and the causes are the cause are the causes	That I last saw the the date stated above.
2.4 TIC	A. BURIAL, CR N REMOVAL (Spe Burial	EMA- 248. DATE ceify) 7/2/52		Balto. Cem.		to., Md.	(State)
D	TE RECEIVED	BY REGISTRAR	s signatu		25 FUNERAL DIRECTOR	levert	ADDRESS
	VS 150		1	dies he in	6 8 Ca	eto. 17,	md.

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1	2 61	12	BAI	LTIMORE CITY H	HEALTH DEPARTMENT	. 52	6143
J.		40	X		TE OF DEATH	Registered N	
	NAME OF E	DECEASED				1.0.000	
	'ype or Print)		CLYDE	HENRY RICH	ARDSON	of June	29, 1952
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If in	nstitution : residence before admission
B. HO	FULL NAME	OF (If not in hospit	al or institut	ion, give street address	or Md.		
IN	ISTITUTION	2809 Brig	ghton S		Baltimore	If outside corporate limits,	write RURAL and give township
	noth of s	stay in Baltimore		Yrs. Mos	D. STREET ADDRESS (I		
5.	SEX	6. COLOR OR RACE		Day:	8. DATE OF BIRTH	St. 9. AGE (In years)	Inder 1 Year If Under 24 Hours
	ale	white	marr		Feb. 28, 1894	last birthday) Mon	ths Days Hours Min.
work	doneduring most	CUPATION (Give kind of of working life, even if retired) OPERATOR	10в. KINE	OF BUSINESS OR BIINGNOUSTR	11. BIRTHPLACE (State or Virginia	foreign country)	2. CITIZEN OF WHAT COUNTRY
$\overline{}$. FATHER'S			Misc. (n)	14. MOTHER'S MAIDEN N	NAME	
		chardson		.,,,,	Willier Tate		
(I 08	. WAS DECEAS: , no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL 215-22-5735	17. INFORMANT Mrs. Daisy E.	Richardson -	DRESS St.
	18. 020	2 🗸		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION				10.7	ONSET AND DEATH
	(This does heart failu	LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea	f dving, e. e	(A)	Rob. Ruptur Lues - ari	u aona	few mount
	injury or	complication which c	aused death	DUE TO			
7		ANTECEDENT CAUS	ES	CONTRACTOR	Lues - nor	tic meurism	about 1442
9	RISE TO T	OR CONDITIONS, II	STATING TH				
FICATION	UNDERLY	ING CONDITION LA	ST.	(C)			a Street tease
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ERTI	OTHER S	IGNIFICANT CONDI	TIONS CON				
⊽,	TO THE D	ISEASE OR CONDITION	CAUSING I	r	DAT-101		
AL		. OI EINATION	B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., arm,factory,street,office bldg		If in Baltimore City, given	
Ξ.		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
	OF INSURT		m. v	WORK NOT WHILE			
		y certify that I att	ended the	deceased from U	7 , 138, to	une 29, 1954	that I last saw the
	deceased al	ive on from 18	, 19 J-7	and that death occu	erred at 630Pm., from t	the causes and on the	date stated above.
	ZJA. SIGNAI	9.7t	ighs	Cein , M. D.	888 W.L	unhal h	6.30.5-
TIO	a. BURIAL. C N. REMOVAL (S Bu rial	Pecify) 24B. DATE 7/2/52	0 2	4c. NAME OF CEMET		LOCATION (City, town, or	county) (State)
DA	TE RECEIVE	BY REGISTRAR'S	SIGNATU		25 FUNERAL PRECTOR		DRESS
11	UL 1 19	52 Munting	1	0000	Jim. + Vi	ckner 4x	ous
7	VS 150	0		#12 VIII 1	0 1/11/	1 01	000 (

69032 / batto. 17, Md.



57 67 77	CATE OF DEATH Registered No. 6144
1. NAME OF DECEASED (Type or Print) JOHN WESLEY MANN	2. DATE OF June 30, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE B. COUNTY B. COUNTY B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street add local loca	ress or Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and given township) Baltimore
c. gth of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 3137 Gwynns Falls Pkwy
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (married	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Owner Tin Can Mfg.	
13. FATHER'S NAME B. F. Mann	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY	17 INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Uremia and oversule designs and oversule designs
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED TD THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY	(e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	CURRED 21F. HOW DID INJURY OCCUR? WHILE WORK 1941, to 20, 192, that I last saw the
23A. SIGNATURE Swalin M.	23B, ADDRESS 23C, DATE SIGNED

Green Mount Cem.

VS 150

4A. BURIAU CREMA-ON, REMOVAL (Specify) Purial

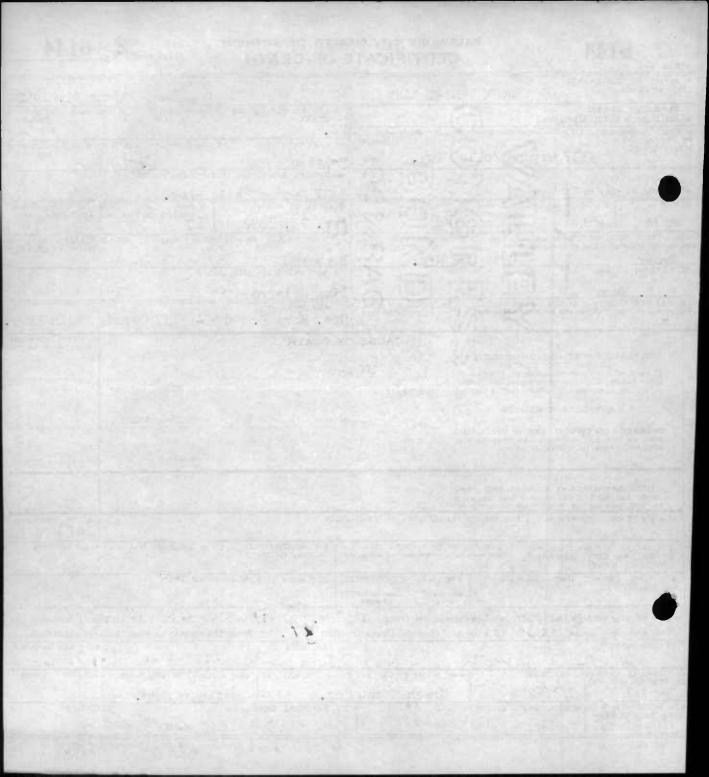
ATE RECEIVED BY OCAL REGISTRAN

REGISTRAR'S SIGNATURE

ADDRESS

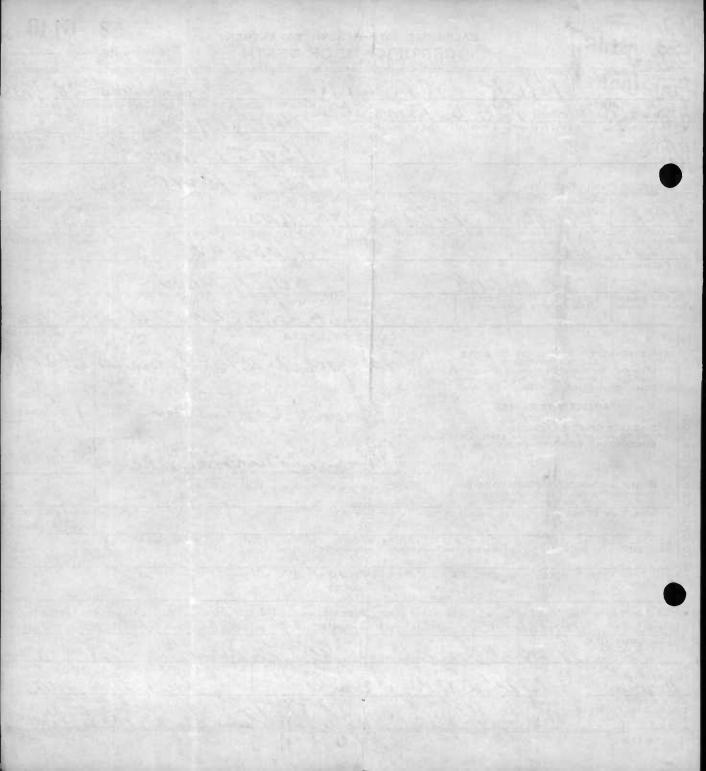
Baltimore, Md.

35 FUNERAL DIRECTOR



3 Ked Eron Car	e Releases	ignost at b	tal	
52 6145 BIRTH NO.	CERTIFICAT		Registered No.	2 6145
1. NAME OF DECEASED Coul A	taskins		2. DATE OF DEATH	231952
3. PLACE OF DEATH: A. Baltimore City, Maryland Occe.	Room	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution : residence before admission)
HOSPITAL OR INSTITUTION	tution, give street address or location)	C. CITY OR TOWN (If	outside corporate imits, w	rite RURAL and give township)
OHNS HOPKINS HOS	Yrs.	D. STREET ADDRESS (If a	rural, give location)	, ,
c. rength of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Mos. Days		you	
male White Ma	SLE, MARRIED, DWED, DIVORCED (Specify)	3/26/1899	9. AGE (Ayears II Under last birthday) 53	r I Year If Under 24 Hours S Days Hours Min.
ork tone during most of working life, even if retired)	ND OF BUSINESS OR	I. BIRTHPLACE (State of fo	reign country) 12	CITIZEN OF
13. FATHER'S NAME	SPILES (M)	14. MOTHER'S MAIDEN NA	ME	(NA
S. WAS DEGLASED EVER IN U.S. ARMED FORCES	1 16. SOCIAL	Mary ?	7	
Yes, no or unishown) (If yos, give war or dates of service)	SECURITY NO.	IOHNS HOPKIN	S HOSPITAL	RESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, the condition of the co	e.g., (A)	of DEATH	Sutmotio.	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION CAUSING		RATION	,	20. AUTOPSY?
	PLACE OF INJURY (e. g., ine, farm, factory, street, office bldg.,		f in Baltimore City, give	YES NO exact location)
ZID. TIME (Month) (Day) (Year) (Hour) FINJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I aftended to deceased alors on 19, 19	and that death occur	38 ADDRESS	he causes and on the c	hat I last saw the date stated above.
24A. BURIAL, CREMA- RAB. DATE	24c. NAME OF CEMETE		HOSPITAL Control (City, townsor)	130/52
TION, REMOVAL (Specify) June 3/52	St-Vete	re's Bal	limore - M	angland
DATE RECEIVED BY REGISTRAR'S SIGNA	11/110	25. FUNERAL DIRECTOR	uto Turere	Phay In
VS 150 To be Of	Jorge, 490	47 403-6-2	572 St Oc	Clenou 18.

2							0 6446	
	52 6146				EALTH DEPARTMENT		2 6146	
	IRTH NO.			CERTIFICATI	E OF DEATH	Registered N	0	
	NAME OF DECEASED Type or Print)	NIC	K	KISLI	K	2. DATE OF DEATH JUN	E 28.19	25
	PLACE OF DEATH: Baltimore City, Mary	rland 7	25 5	BOND ST	4. USUAL RESIDENCE (W	here deceased lived. If	institution : residence before admis	
В.			l or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits		
					12941	MORE	town	ship
C.	Length of stay in Bal	timore		Yrs. Mos. Days		BOND S	*	*
-	SEX 6.COLOR		7. SINGLE	, MARRIED. ED, DIVORCED (Specify)	8, DATE OF BIRTH	9. AGE (In years)	Under 1 Year Il Under 24	Hours
1	THLE WH	ITE	6 ,	NG-LE (Specify)	NOT KNOW	SS Mo	nths Days Hours	mın.
1 C	A. USUAL OCCUPATION done during most of working life, e	(Give kind of yen if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN	TRY
13	B. FATHER'S NAME			Shoon	14. MOTHER'S MAIDEN NA	AME		
		11/5	LIA		NOTKI	vow		
15 (Ye	. WAS DECEASED EVER IN I	U, S. ARMED e wer nr dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	I DUC VAC	DRESS 190C 1 Par	~~
	18. 422,2			CAUSE	OF DEATH	JR.	INTERVAL BETV	VEE!
	DISEASE OR COL	I NOITION	DIRECTLY	70.	0,0	00.	ONSET AND D	EATI
	(This does not mean	TO DEAT	'H f dying, e.g	, (A) PULC	pocaedia (Se	sufferen	46-21-	52
	heart failure, asthenia, injury or complicatio							
z	ANTECEDE	ENT CAUS	ES	(B) /L	ent Prostro	lion	1 du	4
NOIT	DISEASES OR COND RISE TO THE ABOVE O UNDERLYING COND	CAUSE (A)	STATING TH	G		A-		1
FICA				(V) -	no muse	andili.	>	
		11		(C) (NO	oue for	arquis		
CERTI	OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR	EATH, BUT	NOT RELATE	D	V			
Ĭ.	19A. DATE OF OPERAT			FINDINGS OF OPER	ATION		20. AUTOPS	Y ?
CA	21A. ACCIDENT, SUICII		L 21p DI A	CE OF INJURY (e.g., in	n or 21c, WHERE DID (I	f in Baltimore City, g	YES NO	
MEDICAL	HOMICIDE (Specify)	JE,	ebout home, fa	arm, factory, street, office bldg., e	INJURY OCCUR?	I in balamore City, g	ive exact location)	
2	21D. TIME (Month) (D	ay) (Year)		IE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
			m.	WORK NOT WHILE				
	22. I hereby certify t				- 27, 1952, to gu		Zthat I last sau	
	deceased alive on	and a	1956		red at 7 pm., from to	he causes and on th	ie datc stated ab	
	John V	Sc	slal	riche M.D.	1802 Easter	ice lux	7-1-5	2
Z.	4A. BURAL, CREMA- 24 ON REMOVAL (Specify)	B. DATE	-52	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	CATION City, town,	or county) (St	ate)
DL	ATE RECEIVED BY RE	GISTRAR'S	SIGNATU	RE	25. JUNERAL DIRECTOR	1000	ADDRESS	
4	11 1 1057	Munty	ngton	Williams 11	54 Grebliane	Kas 1 /90.	56. Frat	5
	VS 150		0.		80193		1	7
				710	1-1			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF LLOYD SAVAGE WHITE DEATH June 30, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION 2321 N. Calvert Street Norfolk, D. STREET ADDRESS (If rural, give location) Yrs. Mica c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Nov. 24, 1878 Married 11. BIRTHRLACE (State or foreign country), Va. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work doneduring most of working life, even if retired)
Cotton Facton Pet INDUSTRY Cotton industry (Warren Pt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

(If outside corporate limits, write RURAL and give 9. AGE (In years | It Under | Year | It Under 24 Hours | last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY (14 yrs.) Virginia Cameron Moore LLoyd S. White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 2321 N. Calverdor 5. 16. SOCIAL SECURITY NO No 225-07-0780 Mrs. Elizabeth A. Rowe White INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY my ocardities a Pulmonary Edem LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) Generalized Atenoselerosis Indefinite ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CONarkinsonian desease TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION MEDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE!

. 19 46 to June 30, 19 52 that I last saw the un 22. I hereby certiff that I attended the deceased from. 201 30, 19 5 2, and that death occurred at /// 20 Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c, DATE SIGNED 24B, DATE

24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial Forest Lawn Cem. Norfolk, Va. DATE RECEIVED BY REGISTRAR'S SUGNATURE

ADDRESS SONS, INCA VS 150

8 Elay - 35 0 0820-60-522 486-9 - 5 15 HT

52	5 Z 6148
BIRTH	NO

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6148 Registered No.

BIRTH NO.		
Type or Print) JOHN W. PILLING	2. DATE OF DEATH	JUNE 29, 1952
s. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where decease	
a. FULL NAME OF (If not in hospital or institution, give street address or location) ASSITUTION 4220 VORK ROAD		orate limits, write RURAL and give township)
gth of stay in Baltimore 20 KS Mos. Days	D. STREET ADDRESS (If rural, give letter 531 WINSTON	ocation)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH OCT. 8. 1907- 9. AGE (I last bir 49)	n years if Under I Year if Under 24 Hours thday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of ork dooeduring most of working life, even if retired) EXECUTIVE 10B. KIND OF BUSINESS OR NETAL MEG.	11. BIRTHPLACE (State or foreign count)	12. CITIZEN OF WHAT COUNTRY
JOHN W. PILLING	14. MOTHER'S MAIDEN NAME	N
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 215-09-1417	GRACE M. PILLING	ADDRESS
18. 420.1 . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO	onary Occalsky	
ANTECEDENT CAUSES	Myocarditis	2465
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pertensin	2 x 4.
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death		ore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
m. work AT WORK	ay 23 195 V, to June)	9, 195, that I last saw the
deceased glive on Jane 29, 195 V, and that death occur	1 11 12	and on the date stated above.
May Moenson und M.D.	5111 YOUK Ad	July 1, 1952
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE 1QN, REMOVAL (Specify) JULY 2 1952 MORELAND	MEMORIAL BALTO	City, town, or eounty) (State)
OCAL REGISTRAR SIGNATURE OCAL REGISTRAR 195 Huntington Williams Mer.	25. FUNERAL DIRECTOR	Co. 4905 YORKRO

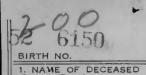
2903F

52 6149 RZK - 160442
BIRTH NO.
1. NAME OF DECEASED

52 6149

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 2. DATE Edward POSTEHER - POSTCHER (Type or Print) June 29, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH before admission) B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital location) Baltimore. Md. C. CITY OR TOWN (If outside corporate limits, write RERAL and give INSTITUTION township) 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1014 Elwood Ave. - 24 ngth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours; Min. March 10, 1875 male White Married 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTR RETIRED LUMBERCO. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BARBARA POSTEHER 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 4940 Eastern Ave. NO B.C.H. Records INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH 607 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of maxillary sinus 6 mos. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c, WHERE DID 21a. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! , 1952/to 6-29 22. I hereby certify that I attended the deceased from 6-24 152, that I last saw the 152 and that death occurred at 10:a: m., from the causes and on the date stated above. deceased alive on 6-29 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Avenue 24D. LOCATION (City, town, or county) BURIAL, CREMA-TION, REMOVAL (Specify) 901 S. CONKLING S. DIRECTOR REGISTRAR'S SIGNATURE 25. FUNERAL DATE RECEIVED BY

LOCAL REGISTRAP VS 150



BALTIMORE CITY HEALTH DEPARTMENT 52 6150

BIRTH NO.		CERTIFICA	IE OF DEATH	Registereu	110.
1. NAME OF DECEASED				2. DATE	
(Type or Print)	LLOYD	HAMMOND	LEWIS	DEATH Jun	e 30, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENC	E (Where deceased lived, I	
	pital or institu	tion, give street address		Balt	non Ring U
HOSPITAL OR Steward (7		(If outside corporate lim	its, write RURAL and giv
Gay and I	ombard S	Streets	Baltimore		township
		Yrs Mos		(If rural, give location)	e.L.
c ngth of stay in Baltimore		Day	s 316 Westowne		3/3//
5. SEX 6. COLOR OR RAC	E 7. SINGL	E. MARRIED, WED, DIVORCED (Special	8. DATE OF BIRTH	9. AGE (in years last birthday)	ff Under 1 Year If Under 24 Hours fonths: Days Hours Min
Male White	wido		May 16, 1891	61	
10A. USUAL OCCUPATION (Give kin rork done during most of working life, even if retired.)		D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Self employed		o Broker	Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
Major O'Neill Le	wis				
15. WAS DECEASED EVER IN U.S. AR (Yes, no or unknown) (If yes, give war or o	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
to the dramation of the second	,	SECONITI NO.	Mrs. Viola L.	Foreman-725 I	Deepdene Rd.
18. E976X.		CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITIO	N DIRECTLY	,			ONSET AND DEAT
(This does not mean the mod	EATH	Come	shot wound of th	e head	
heart failure, asthenia, etc. It injury or complication which	means the disea	ase,			
ANTECEDENT CA	10525	(8)			
O DISEASES OR CONDITIONS O RISE TO THE ABOVE CAUSE					
UNDERLYING CONDITION		(C)			
5		(0)			
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, 8	NDITIONS CO	on -		•	
TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDIT			,,,,,		
U 19A. DATE OF OPERATION	11 1 1 1 1 1 1 1 1 1	R FINDINGS OF OPE	ERATION		20. AUTOPSY?
긔					YES X NO
21A. EXTERNAL CAUSE WAS	2 1B, PL	ACE OF INJURY (e. g., farm, factory, street, office bld	, in or 21c. WHERE DID	(If in Baltimore City,	give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRI UTING CAUSE OF DEAT	H. Off	ce building		mbard Streets	
Z 210. TIME (Month) (Day) (Ye		21E. INJURY OCCUR			
June 30, 1952 4:	00 Pm.	WHILE AT WORK AT WORK	Firearms	The second second	
22. I certify that I took ci				topsy	thereon and from
			Auto	psy. Inspection or Inquiry	7
and death in my opini	oy sara Aut on resulted	topsy, inspection or from: natural caus	Inquiry, find that sates \square , accident \square , suit	side \mathbf{X} , homicide \square .	undetermined \square .
23A. SIGNATURE	TPO	11	23B. CHIEF MEDIC	AL EXAMINER	3c. DATE SIGNED
(1) ellis	DOUTX	X-	M.D. MEDICAL INVEST	IGATOR	July 1, 1952
24A. BURIAL, CREMA- 24B. DAT TION, REMOVAL (Specify)	1		TERY OR CREMATORY 24	D. LOCATION (City, tow	
Burial 7/2/5	2	Druid Ridg		Pikesville, Md	•
	AR'S SIGNAT		25 HUNERAL DIRECT	97.	ADDRESS
LOCAL REGISTRAR	ALLEN	Moriano 11	Kon Y	Lichener	1 sous. 1
V S 151 // ~/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7 4			al in Land	2 mill
VS 151 N 803.4		2903	8	paro 1	11 11000

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H		LACE		EA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 6151

BIRTH NO.	DLA					
1. NAME OF DECEASED (Type or Print) LILLIAN /	FRIE	SE	OF DEATH JUNE	29,1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give s	Lieet address of		f outside co por te limit.	vrit PoRAL and give		
INSTITUTION Johns HOPKINS	HASD	Baltimore	t outside controlle time.	township)		
7/104/10/10	Yrs.	STREET ADDRESS (II	rural, give location)			
ngth of stay in Baltimore	Mos. Days	937 Webb Cour	Ł			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO		. DATE OF BIRTH		nder 1 Year It Under 24 Hours hs: Days Hours: Min.		
F W marri		May 31, 1913	39			
10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUS work done during most of working life, even if retired)	INESS OR INDUSTRY	1. BIRTHPLACE (State or i	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?		
housewife at home		Maryland				
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN N	AME			
Clarence J. McFee		Bertha M. Cal	lis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOC	CURITY NO.	7. INFORMANT	ADI	DRESS		
no		Mr. Walter Fr	iese - 937 Webl	b Court		
18. 58/./	CAUSE O	DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7+	+ 0				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A) 190	in the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	E TO Chi	one alex	sholism			
ANTECEDENT CAUSES						
Z DISEASES OR CONDITIONS, IF ANY, GIVING	B)	***************************************				
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
(C	c)	***************************************				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFICANT CONDITIONS CON-						
U 19A, DATE OF OPERATION 19B, MAJOR FINDIN	GS OF OPERAT	ION		20. AUTOPSY'7		
				YES NO		
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. OT CAUSE OF DEATH.	NJURY (e. g., in o		If in Baltimore City, giv	e exact location)		
UNDERLYING OR CONTRIB. about home, farm, factory, uting Cause of Death.	, and the comment of the comment	The state of the s				
	URY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
m. WHILE AT	NOT WHILE					
2. I certify that I took charge of the remains	s described abo	vc, held an puli		thereon and from		
the evidence obtained by said Autopsy, Ins	spection or Inc		Inspection or Inquiry leccased died on the	day stated above,		
and death in my opinion resulted from: no	itural causes	🛮, accident 🗀, suicide	: , homicide , une	dctermined [].		
23A. SIGNATURE	0	238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23c.	DATE SIGNED		
24A. BURIAL, CREMA- 24. DATE 24C. NAM	ME OF CEMETER	MEDICAL INVESTIGA		county) (State)		
TION, REMOVAL (Specify)				(2000)		
Burial 7/2/52 N DATE RECEIVED BY REGISTRAR'S SIGNATURE	ew Cathedr	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1997	to. Md.	ADDRESS #		
LOCAL REGISTRAR	us, Mil	Wm. 9.31	Ockener 9	* Sust		
V S 151	4-7	1	Bulton	7/Mid.		
		V	remote !	11		

Dem J. Tielena 4 dem

530 BALTIMORE CITY HEALT CERTIFICATE O	- · · · · · · · · · · · · · · · · · · ·
1. NAME OF DECEASED (Type or Print) WILLIAM CANAL	2. DATE OF June 29, 1952
A. Baltimore City, Maryland	SUAL RESIDENCE (Where deceased lived, If institution: residence TATE B. COUNTY before admission Marvland
	THE PART OF TOWN (If outside corporate limits, write RUKAL and give Baltimore) township
ngth of stay in Baltimore G Les Days	TREET ADDRESS (lf rural, give location) 1303 Orleans Street
	ATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours of Months: Days of Hours of Min.
10A. USUAL OCCUPATION (Give kind of work days during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME (Amada &	Mar Garage
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT ADDRESS ADDRESS ADDRESS ADDRESS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B)	DEATH ONSET AND DEAT OUND OF the chest
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) TUNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) TAYETTA	1323 E. Monument Street PIF. HOW DID INJURY OCCUR? STEEL HOW DID INJURY OCCUR?
the evidence obtained by said Autopsy, Inspection or Inquiand death in my opinion resulted from: natural causes ,	Autopsy, Inspection or Inquiry ry, find that said deceased died on the day stated above
23A. SIGNATURE MOUTH M.D.	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATY 24C. MAME OF CEMETERY OF TLOOR REMOVAL (Specify) 24C. MAME OF CEMETERY OF TLOOR CONTROL OF THE PROPERTY OF THE P	Durham MC.
LOCAL REGISTRAN	Ma. Stath a. Ellister Daughter
VS 151 N 862,4 97099	12911. Carrine Il

560 52H No.6153

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6153

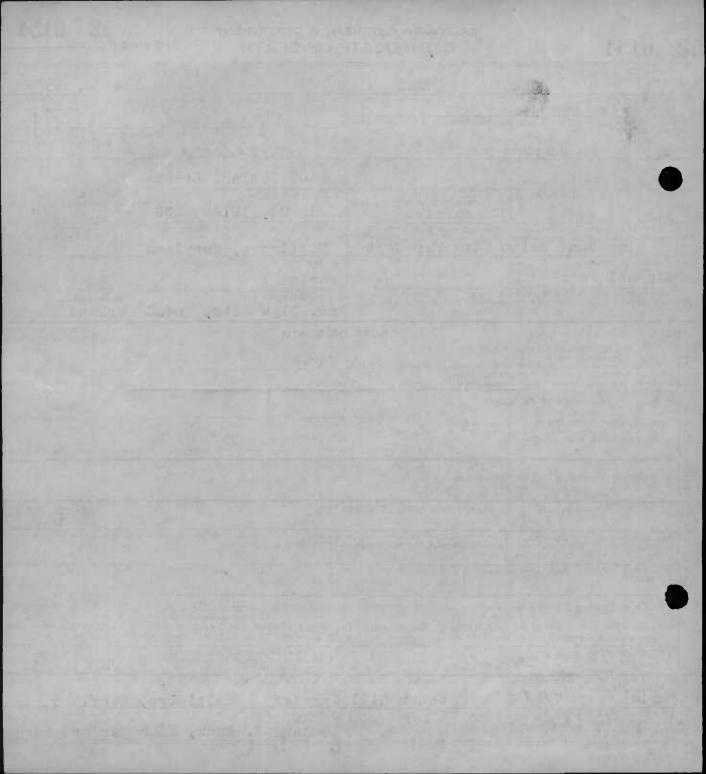
SIKITI NO.		
I. NAME OF DECEASED (Type or Print)		OF June 28, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where	deceased lydd. If institution residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		9 . 2
INSTITUTION HOPKINS HOSPITAL	C. CITY OR TOWN (If outside Control of Contr	e corporate limits, write RUAL and give township)
Yrs. Mos.	0 11 00 10	give location)
c. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. A	GE (In years If Under 1 Year II Under 24 Hours
Female White Married (Specify)	Ur, U & 10 41	ast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY
stometime	new york	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL	France	V
Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS H	ADDRESS
18. 7 LOV CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OF BEATH	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	boss L. middle Com	elral festery 3 days
heart failure, asthenia, etc. It means the disease.		3000
injury or complication which caused death.) DUE TO	rles mel.	10 years
ANTECEDENT CAUSES	interesing Condin	1000000
DISEASES OR CONDITIONS, IF ANY, GIVING	his corour	COS CHURCH
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Direcue.	- 1 -
(c)	ndiopheumena	Sagys
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, [arm, factory, street, office bldg.,] CAUSE OF DEATH	nor 21c. WHERE DID (If in I	Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCC	UR?
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	-28 1952 to 6-	28 , 1953 that I last saw the
deceased alive on 4-28, 1952, and that death occur		uses and on the date stated above.
	3B. ADDRESS	23C. DATE SIGNED
1 Jourda E. Van Melno H M.O.	JOHNS HOPKINS H	OSPITAL 29 Jans
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) 7/2/52 Cake	RY OR CREMATORY 24D. LOCAT	ON (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 JUNERAL PIRECTOR	ADDRESS
LOGAL REGISTRATE 2 Huntington Williams, M.F.	Orank Coach	1 for
VS 150	6 1 5 0 900	11. Charlen It

TO SHARE KEEPING MICHIGAN path both I blink I werdow to 171 1000 10 11 m in happy in the contraction 1.15 - alexed valid ig me portation The state of the s COUNTY STEEL STEEL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6154

	ype or Print)	eceased HUG	0	RETZ		2. DATE OF DEATH JUI	ne 30, 1952
	PLACE OF D		-		4. USUAL RESIDENCE	E (Where deceased lived, B. OUNTY	
В.	FULL NAME OSPITAL OR		ital or institu	tion, give street address or	Mari	yland	
	STITUTION	Ct Tb	to Manne	location)	C. CITY OR TOWN	(If outside corporate lin	its write BURAL and give township)
10		St. Joseph	's Hosp	TT&I Yrs.	D. STREET ADDRESS	(If rural, give location)	
c	ngth of s	tay in Baltimore		Mos. Days	5402 Gerla		
	SEX	6. COLOR OR RACI	WIDOV	E, MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH July 21, 19	9. AGE (In years last birthday)	Months Days Hours Min.
	A. USUAL OC	White CUPATION (Givekind		arried D OF BUSINESS OR	11. BIRTHPLACE (State		1 12. CITIZEN OF
work	Engine	f working life, even if retire	1)	y Firedept	_Baltimore,		WHAT COUNTRY
	. FATHER'S N	7//60	MAN		14. MOTHER'S MAIDE	N NAME	
	Michael	D EVER IN U.S. ARM	Th Follows	Lie cocini	Marie ?		
(Yes	, no or unknown)	(If yes, give war or da	tes of service)	16. SOCIAL SECURITY NO.	Mrs. Olga Re	to 5400 C	address erland Avenue
-	18. 58	1 0				0402 0	INTERVAL BETWEEN
	~ 0	SE OR CONDITION	DIRECTIV		OF DEATH		ONSET AND DEATH
	(This does heart failu	LEADING TO DE not mean the mode re, asthenia, etc. It m complication which	ATH of dying, e. eans the disea	g., (A) Fatty	/ liver	······································	
		ANTECEDENT CAL	JSES				
z	DISEASES	OR CONDITIONS.	IE ANY CIVI	(B)		•••••••••••••••••••••••••••••	
임	RISE TO T	HE ABOVE CAUSE (A) STATING T				
٥.				(C)			
ERTIFICATION	OTHER S	II IGNIFICANT CON	OITIONS CO	N.			
LR.	TRIBUTING	TO THE DEATH, BU	NOT RELAT	ED			
O	and the second second	F OPERATION		R FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYING	IAL CAUSE WAS G OR CONTRIB	about bome,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)
Σ	21D. TIME (OF INJURY	Month) (Day) (Yea		21E. INJURY OCCURRING WHILE AT WORK AT WORK	21F. HOW DID INJ	JURY OCCUR?	
	2. I certif	in that I took che		remains described a	bove held an Au	topsy	thereon and from
	the evi	dence obtained by	y said Aut	opsy, Inspection or I	Autor	psy, Inspection or Inquired deceased died on wide homicide	y the day stated above,
	23A. SIGNAT		1.0		1 238 CHIEF MEDIC	AL EXAMINER	
24	A. BURIAL, C	REMA-1 24B. DATE		24c. NAME OF CEMETE		D. LOCATION (City, tow	
	Burial	7/5/8	52	Cedar Hill	Cemetery 1	Baltimore, M	arvland
DA LO	TE RECEIVED		y SIGNATI	Williams, M.	Leonard J. I	or Ruck, 5305 H	ADDRESS Harford Road
V S	S 151		¥ 5	7629	36 5		V
			THE RESERVE OF THE PERSON NAMED IN				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF EDWIN C. GIBBONS, SR. June 29, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. 5508 Carter Avenue th of stay in Baltimore Davs 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male white Feb. 13, 1899 married 10A. USUAL OCCUPATION (Give kind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Investment Banking Salesman Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin F. Gibbons Mary Margaret ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give v (Yes, no or nnknown) 5-05-2233 Mrs. Lillian E. Gibbons, 5508 Carter CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 19 4 that I last saw the 22. I hereby certify that I attended the deceased from, and that death occurred at deceased alive on 19 € Im. from the causes and on the date stated above. 23c. DATE SIGNED Soly1 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Burial Baltimore, Maryland New Cathedral Cem. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

onard

J. Ruck, 5305 Harford Road.

VS 150

- 1 - 2 - 11

BALTIMORE CITY HEALTH DEPARTMENT 6156 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write-RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years | If Under | Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR LACE (State or foreign country) 12. CITIZEN OF ring most of working life, even if retired) in NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes_no_or unknown (If yes, give war or dates of service) 16. SOCIAL (Yes no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONve bronchial-dehydratio TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 19 52, to 22. I hereby certify that I attended the deceased from. , 1922, that I last saw the 1902 deceased alive on_ and that death occurred at. Am., from the eauses and on the date stated above. 23A. SLONATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24C NAME OF CEMETERY OR CREMATORY OCATION (City, town, or county) Succel DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES LOCAL REGISTRAR VS 150

Organistic House Italian HALLES AND AND ASSESSMENT OF THE PARTY OF TH

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2	6157
BIRTH	1 NO.

BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 6157

BIRTH NO.	ATE OF DEATH Registered No. 0.1.3/								
1. NAME OF DECEASED Sterry Richards	or DEATH June 27,1953								
a. Baltimore City, Maryland Not 2 S.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)								
institution Johns Arphano Arrival	c. CITY OR TOWN (If outside cornorale limits, vrije RUPAL and give township)								
c. Ligth of stay in Baltimore 48 40	Ins. D. STREET ADDRESS (If rural, give location) Alos. H 17 & Company & Comp								
Male Color or RACE 7. SINGLE, MARRIED. WHOWED, DIVORCED (S)	8. DATE OF BIRTH 9. AGE (in years If Under I Year last birthday) Months: Days Hours Min.								
10A. USUAL OCCUPATION (Give kind of ock lone during most of working life, even if retired) On Henrich									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY N	17. INFORMATOHNS HOPKINS HOSPITATORESS								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, nsthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	PERATION 20. AUTOPSY?								
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., in or bout home, farm, factory, street, office bidg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from the saw deceased alive on the date stated about the date stated about the deceased alive on the date stated about the date sta									
								24A, BUMAL, CREMA- 24B, DATE 24G, NAME OF CEN	23B. ADDRESS 23C. DATE SIGNED 23C. DATE
								Burea (Specify) 7-1-52 Well Cal	very cen. Brothlyn My
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Chief O. Wilson wor Builty and								
	4 3 /12 0								

1.

240 52 6158 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6158

1. (7	NAME OF D ype or Print)	ECEASED ALV N	e B	ade		2. DATE OF DEATH Aule	1-1950
	PLACE OF D Baltimore (red. Os	1941	4. USUAL RESIDENCE (institution: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institution, give stre	7	Md.	16.	DV
	ISTITUTION	JOHNS H	OPKINS HOSPITA	L	BALTIMO	112	with RURAL and give township)
				Yrs. Mos.		rural, give location)	
		tay in Baltimore		Days		IMOR ST.	
5.	SEX Panale	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVOR		4-16-08		nths Days Hours Min.
C.	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND OF BUSIN	INDUSTRY	1. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
			mai		Bal 4	mol	WALKE COOKENITE
13	THER'S I	NAME	0	1	4. MOTHER'S MAIDEN N	AME	
1.0	Man	p 1300	plu		auma	Taass	ett
Ye	e, no or unknown)	ED EVER IN U.S. ARMI (If yes, give war or date	s of service) SECU	RITY NO.	7. INFORMANT	HOPKINS HOSPÎ	DDRESS
	100 / 100	^	1112-				INTERVAL BETWEEN
	18. 600			CAUSE OF	DEATH		ONSET AND DEATH
	300000	E OR CONDITION LEADING TO DEA not mean the mode of	TH	Chami	c pyelone,	sh witie	10-15200
	heart failu injury or	1	15 15 975				
		ANTECEDENT CAUS	SES				
2	DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING					
	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE T	0			
2			(C)	***************************************	***************************************	***************************************	********
-		11					
ב	TRIBUTING	IGNIFICANT CONDI	NOT RELATED				
ر	The second second	F OPERATION	98, MAJOR FINDINGS	OF OPERAT	ION	ш	20. AUTOPSY?
AL		7					YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING Obout bome, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City) of the contribution of the con							give exact location)
Σ		(Month) (Day) (Year	(Hour) 21E. INJUR	Y OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
INJURY M. WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereb	u certifu that I at	tended the deceased	from lo-1	- 195 2to 1	7-1- 195	Lthat I last saw the
	deceased a		, 1952 and that o	leath occurre	ed at 1240 An., from t	the eauses and on th	he date stated above.
	23 SIGNA	TURE G. E	devares	23E	JOHNS HOPKINS	HOSPITAL	7-1-92
2	4A. BURIAL, ON, REMOVAL (S		24c, NAME		OR CREMATORY 24D. L	OCATION (City, town,	or coupty) (State)
41	OIL, KEMOVALIC	7-3-	52 MAC	lutur	n lem. By	alt M	Pol .
	ATE RECEIVE		SSIGNATURE	12	FUNERAL DIRECTOR	1 0	ADDRESS 78
	JULI	1952 June	ington Molliss	1.15- M. S.	sances a 1	templer w	Biddle It
	VS 150		The same to	7205	4 5 5		

52 6159 BA	LTIMORE CITY HE	EALTH DEPARTME	ENT 5	52 6159			
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	Vo			
1. NAME OF DECEASED (Type or Print) HENRY KA	HL		2. DATE OF DEATH JUN	E 30-1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu	ition, give street address or	A. STATE MARYLAND	CE (Where deceased lived, If B. COUNTY	institution: residence before admission			
HOSPITAL OR INSTITUTION 1926 West Balti		BALTIMORE CITY 20-01					
c. Length of stay in Baltimore	Life Mos.	D. STREET ADDRESS (If rural, give location) 1926 West Baltimore Street					
Male White Wid	E. MARRIED. WED, DIVORCED (Specify) OWED D OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH Jan: 12: 187 11. BIRTHPLACE (State	1 81 te or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		Baltimore 14. MOTHER'S MAID		USA			
Henry Kahl 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	Christine Wise					
(Yes, no or unknown) (If yes, give war nr dates of service)	SECURITY NO.	Mrs Murrey	A. Harrison .	Same			
18. 420.1							
OTSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING							
UNDERLYING CONDITION LAST. OC. C) Profite Hyperhofty-Usewia							
DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING							
19a. DATE OF OPERATION 19b. MAJOI	20. AUTOPSY1						
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home	ACE OF INJURY (e. g., i a, farm, factory, street, office bldg., s			give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) SF INJURY m.							
22. I hereby certify that I attended the deceased from Sec. 12, 1940, to June 29, 1950, that I last saw the							
deceased alive on 19 23A. SIGNATURE Raunt 6. Bogora		38. ADDRESS	imore Street	he date stated abov			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) RIPTAT	24C. NAME OF CEMETE	RY OR CREMATORY 2	24b. LOCATION (City, town,	or county) (State			
BURIAL JULY 2-52 DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR JUL 2 952 ### ### ############################	Cedar Hill	25 FUNERAL DIRECT	Maryland but & Son	ADDRESS			

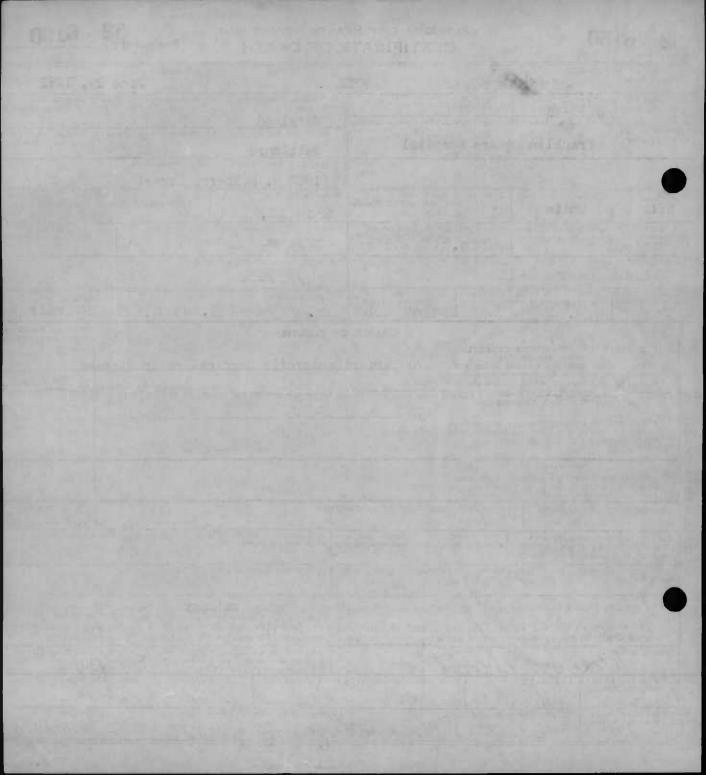
6 F.B. WIFPERT & SON 1300 EUTAW PL.17

vs 150 Dr. Bogorad

LONG AND STREET, SURFAME THE continued the form of the property with the turid eignise in the state of t

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Elijah Edward OF June 29, 1952 BELL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: TIPE B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF Maryland (If not in hospital or institution, give street address or Iocation) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. 1902 W. Mulberry Street ngth of stay in Baltimore Davs 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | h Under 24 Hours | Nin. 6 COLOR OF RACE 7. SINGLE, MARRIED It Under 24 Hours WIDOWED, DIVORCED (Specify) Male Single March 18,1904 10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland Balto.Citv 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elijah Beward Bell Mary----15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unkoown) (If yes, give war or dates of service) OT 298 2988 Mr. Raymond B. Case, 201 Edgevale Ro W.W. INTERVAL BETWEEN 18. 4221 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WORK AT WORK 2. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined . 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR 4101 Edmondson

V S 151



52 6161 BALTIMORE CITY HEALTH DEPARTMENT 6161 Registered No .-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B_COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION CRS/OWN Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Leigth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In ears) If Under | Year last birt day) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Hauston 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

E INJURY

NOT WHILE! AT WORK

. 1950, to____

22. I hereby certify that I attended the deceased from... deceased alive on_

24B. DATE

7/2 , 1952, that I last saw the 218, 1950, and that death occurred at 103 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

24C. MAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

ADDRESS

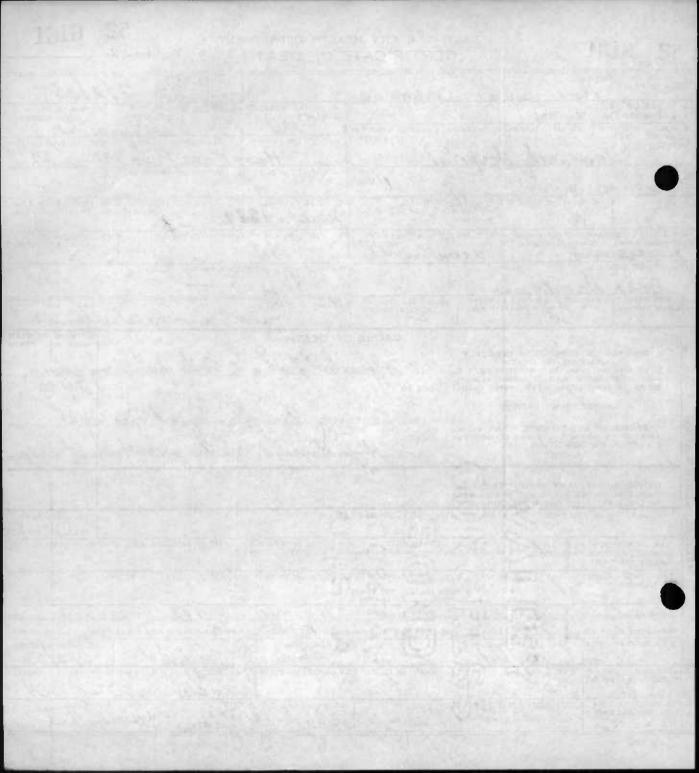
20. AUTOPSY

Trenal DATE RECEIVED BY

an REGISTRAR'S SIGNATURE,

25. FUNERAL DIRECTOR

VS 150



~	50									50	0:0	
52 6162 BALTIMORE CITY HE CERTIFICATE							Register	od No	616	2		
ВІ	RTH NO.				CERTIFIC	AIE	OF DEAT	H	Register	eu No.		
	NAME OF ype or Prin	DECEASED	BEVER	LEY	L.	J	ACKSON		2. DATE OF DEATH Ju	ne 29	, 1952	
Α.		e City, Mar					4. USUAL RESID		ere deceased live B. COUNTY			idence dmission)
HC	FULL NAM DSPITAL C STITUTION	R	imore C			ress or cation)	c. CITY OR TOWN	N (If or	itside corporate	limits, wr	ite RURAI	and give township)
c. Light of stay in Baltimore Try. Mos. Days					2315 Mad			1)				
5.	SEX		R OR RACE		E, MARRIED.		8. DATE OF BIRT		9. AGE (in year last birthday)	s If Under	Days Hou	nder 24 Houis
	Male		ored	W	WIDOWED, DIVORCED (Specify)		May 6, 18			1	:	
	done during n	OCCUPATIO			KIND OF BUSINESS OR INDUSTRY For self		11. BIRTHPLACE (State or foreign cou		eign country)	12.	WHAT CO	
13	. FATHER			FOI	Seri	119	14. MOTHER'S M.	AIDEN NAM	1E			
	Ned	Jackson					Lucy Hill			1		
	. WAS DECE	ASED EVER IN	U.S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS			
					212-28-474	19	William J	Jackson	1431 W	. Laf	ayette	Ave.
ERTIFICATION	DISEA RISE T UNDE	ANTECEI	ure, asthenia, etc. It means the disease, complication which caused death.) ANTECEDENT CAUSES S OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE DUE TO YING CONDITION LAST. II SIGNIFICANT CONDITIONS CONG									
CE	5 % /	E OF OPERA		2,51	FINDINGS OF	OPERA	ATION			100,000	20. AUT	OPSY?
AL			100	1		7 .	or 21c. WHERE	DID (IE	in Baltimore Ci	tu mina	YES X	NO L
EDICAL	UNDERLY	ERNAL CAUS YING [] OR] CAUSE O	CONTRIB.	about home,	ACE OF INJURY farm, factory, street, office				in Darimore O	ty, give	exact local	
Z	21D. TIM OF INJU	E (Month) (RY	Day) (Year)	(Hour)		WHILE	D 21F. HOW DI	D INJURY	OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on tand death in my opinion resulted from: natural causes A accident , suicide , homicide ,								n the d , unde	ATE SIGN	d above \Box .		
24 TIC	AA. BURTA	L. CREMA- 2 L. (Specify)	4B. WATE	TO THE	24C. NAME OF CE		D. MEDICAL IN	VESTIGATO			30/52 county)	(State)
1	Suna ATE RECE	L /	1-2-5	2	1100.0	lu	25. FUNERAL DI	RECTOR	were.	AF	DRESS	al
	CAL REG	ISTRAR 1057	Hurts.	signati	Williams,	MIZ	Samue	e M.	Mult	nia.	200	1
V	S 151	1115	4	20 0	4906	A	10115	ant	instar	-a	rec 1	1

wall to the sesses mailing I think

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 6163 Registered No_

BIRTH NO.			OLIVIII IOATI	L OI DEATH		
I. NAME OF	DECEASED				2. DATE	
(Type or Print	Marv		Fauntlerov		DEATH June	e-29-1952
3. PLACE OF A. Baltimore		lto. (City	4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	
B. FULL NAM HOSPITAL OI INSTITUTION	₹	al or instituti	ion, give street address or location)	Maryla c. CITY OR TOWN		nits, write RURAL and give
	2303 Edgemon	t Ave		Baltimore	13-6	township)
			Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
	stay in Baltimore 1	O Yre.	Davs	2303 Edgemo	ont Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year It Under 24 Hours Months: Days Hours Min.
Female	Col.	Widov		Feb16-1892		Tontas Days Hours, Min.
10A, USUAL C	OCCUPATION (Give kind of st of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
Housev		At H	INDUSTRY	Virginia		U.S.A.
13. FATHER'S		1.0		14. MOTHER'S MAIDE	N NAME	100000000000000000000000000000000000000
To	anh Mari	0 m		Tiemer	Morrion	
15. WAS DECEA	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Taylor	
(Yes, no or unknow	n) (If yes, give war or date	of service)	SECURITY NO.		707 717	ADDRESS
No				Mary Bugg 23	303 Edgemont	
18. 3	31%			OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION LEADING TO DEAT es not mean the mode of	DIRECTLY	-			7
(This do	es not mean the mode o	f dying, e. g	., (A) Cecu	we Hena	nage	
injury	ilure, asthenia, etc. It mea or complication which c	aused death	e, .) OUE TO			
	ANTECEDENT CAUS	FC		. ,		
7			(B) bes	entire eles	ellerge on)	7
DISEAS	ES OR CONDITIONS, IN	ANY, GIVIN	G			
UNDER	LYING CONDITION LA	STATING TH				
<u>0</u>			(C)	***************************************	***************************************	
1	11				The state of the s	
	SIGNIFICANT CONDI					
	DISEASE OR CONDITION					
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V ASS						YES NO
LYING	218. ACCIDENT WAS UNDER: 218. PLACE OF INJURY (e.g., n or 210. WHERE DID (II IN BAITIMOTE City, give exact location) 218. PLACE OF INJURY (e.g., n or 210. WHERE DID (II IN BAITIMOTE City, give exact location)					
210. TIME	(Month) (Day) (Year)	(Hour)	TE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
INJURY m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from March 1, 1957, to grace 9, 1977, that I last saw the						
	deceased alive on 19 . and that death occurred at 2 /6 Pm., from the causes and on the date stated above.					
23A. SIGN)		38. ADDRESS	•	23c. DATE SIGNED
1 One	neew K/	elear	M. O. /	707 medice	an ave	7-1-52
24A. BURIAL. TION, REMOVAL	CREMA- (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24	40. LOCATION (City, tow	n, or county) (State)
Buriel	7/2/19	52	St Paul Cem	K	ilmarnock Vi	rginia
DATE RECEIV	STRAR			FUNERAL DIRECT	OR	ADDRESS
1111 2	1952 1 much	uglow !	Velliaus, My	my wills	on In B	uncey my
VS 150		0	F (1 (1)	ANIO	U	V

30	2 616	4			EALTH DEPARTMENT E OF DEATH	5. Registered	2 6164 No. 6164
1.	NAME OF D	ECEASED ADD	IE	PETTY		2. DATE OF DEATH Jur	ne 29, 1952
B.	PLACE OF DI Baltimore C FULL NAME OSPITAL OR ISTITUTION	City, Maryland B	al or institution,	give street address or location)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Where deceased lived. I	
c	ngth of st	tay in Baltimore	22 Yre.	Yrs. Mos. Days	806 N. Strick		If Under 1 Year If Under 24 Hours
	Female	Colored	Divor	DIVORCED (Specify)	Aug16-1905	last birthday) A	donths Days Hours Min.
wor	Nurce B. FATHER'S N		Nurcein	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Religh N.C. 14. MOTHER'S MAIDEN N Ella Adar	AME	U.S.A.
(Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	S. SOCIAL SECURITY NO.	17. INFORMANT Robert Jones 4:		address sh St
	(This does heart failu	EE OR CONDITION LEADING TO DEA i not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU	TH of dying, e.g., ans the disease, caused death.)	(A)Skull	Fracture		INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) (ING CONDITION L.	STATING THE	DUE TO	ral Contusion		
Ш	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			er me mheimiliadh	
L C	19A. DATE O	F OPERATION 1	98, MAJOR FI	NDINGS OF OPER	ATION		YES NO
MEDICA	UNDERLYING	IAL CAUSE WAS G X OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year	about home, farm,	OF INJURY (e. g., is factory, street, office bldg., e	1500 W. Lanva	le Street	give exact location)
	OF INJURY			E AT NOT WHILE		alling brick	cs

2. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 23A. SIGNATURE 23c. DATE SIGNED

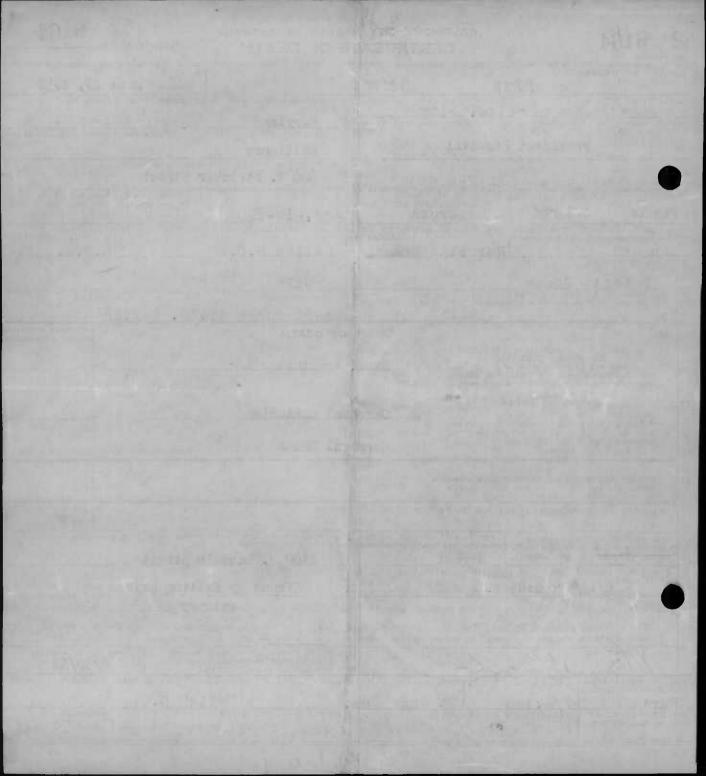
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 3/1952 DATE RECEIVED BY LOCAL REGISTRAR

24C. NAME OF CEMETERY OR CREMATORY

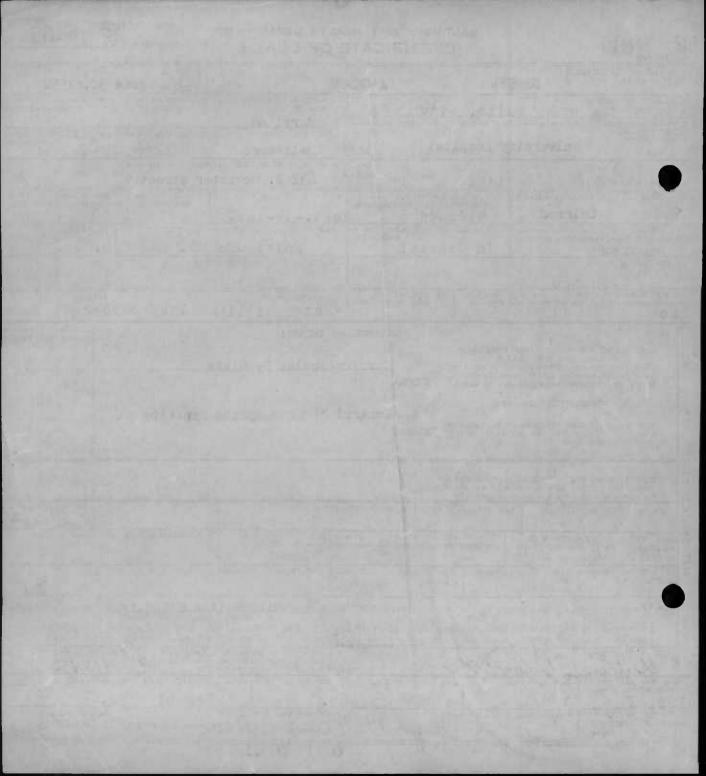
24D. LOCATION (City, town, or county)

248 DATE

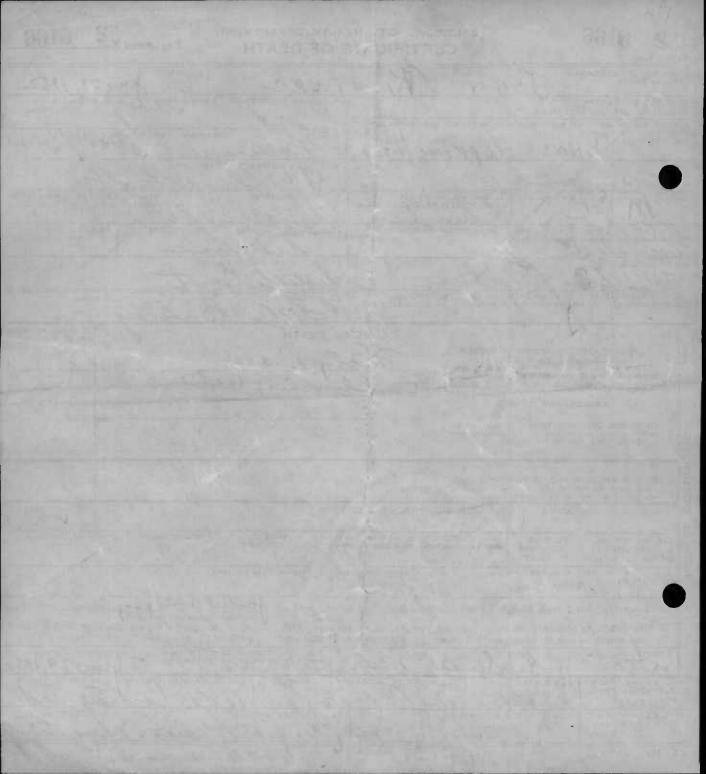
Anns



2	50					F6	
52	616. RTH NO.	5			EALTH DEPARTMENT E OF DEATH	52 Registered No.	61.65
1.	NAME OF D	eceased SAM	JEL	JACKS	ON	2. DATE OF DEATH June 3	10, 1952
Α.	PLACE OF D Baltimore (City. Maryland B		City ion, give street address or	4. USUAL RESIDENCE (WA. STATE Marvland		
H	OSPITAL OR ISTITUTION	Universi		location)		outside eorporate limits, v	write RURAL and giv township
c.	agth of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If		
	SEX Male	6.COLOR OR RACE Colored	WIDOW	MARRIED. FED. DIVORCED (Specify) OWE d	8. DATE OF BIRTH Sept19-1891		dar 1 Year It Under 24 Hours hs: Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
13	, FATHER'S	Unkown			14. MOTHER'S MAIDEN N. Unkown		/
(Ye	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	es St
RTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS. HE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. ; ans the diseaseaused death SES FANY, GIVIN STATING TH AST.	(B)Centr	OF DEATH ovescular Syphilic al Nervous System		INTERVAL BETWEE
CER	TO THE O	TO THE DEATH, BUT ISEASE OR CONDITION	CAUSING I		RATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-	about home, f	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, give	YES NO E e exact location)
ME	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	
	the ev	idence obtained by eath in my opinion	rge of the	remains described of psy, Inspection or remains natural eause	Inquiry, find that said dos some desident □, suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL	Inspection or Inquiry eeeased died on the _, homicide _, und EXAMINER	day stated above
TI	4A. BURIAL. (S ON, REMOVAL (S Surial	Speeify		4C. NAME OF CEMETE		OCATION (City, town, or Brooklyn Md.	eounty) (State)
1	ATE RECEIVE		ston /	Villiams, M.P.	Elwy o, Wils	m 1 4013	rently ove
V	S 151		(A) -i	4 97050	0 1 0 14		

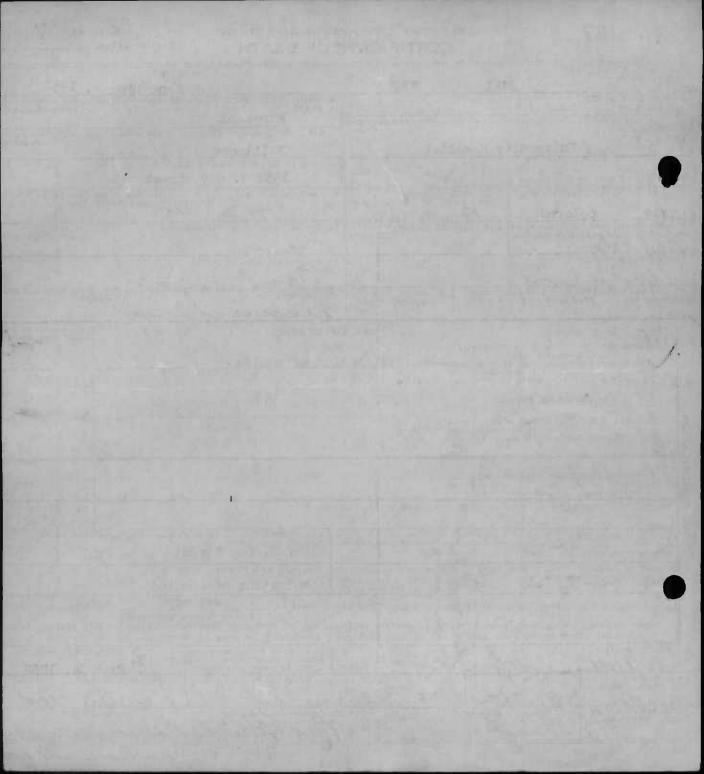


2/9	600-1799- 2000-	2099
52 6166 BALTIMORE	CITY HEALTH DEPARTMENT	52 6166
BIRTH NO.	FICATE OF DEATH	Registered No. 0100
1. NAME OF DECEASED)	2. DATE
(Type or Print)	1CHBURG	DEATH Mue 28, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give stree		
HOSPITAL OR INSTITUTION	location) C. CITY OF TOWN (IE	outside corporate limits, write RUKAL and give township)
COHNS MOPKINS	rs. O. STREET ADDRESS (If r	cural, give location)
c. Ength of stay in Baltimore 15 7 ,	Mos. 1706 Elle	voitle St
5. SEX A 6. COLOR OR RACE 7. SINGLE, MARRIED	. 8. DATE OF BIRTH	9. AGE (In years If Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min.
C WIDOWED, DIVORC	2 May4 190 2	.50
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF USIN work done during most of pyorking life, exen if retired)	ESS OR II. BIRTH LACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
Unemployed	alaban	rac
13. FATHER'S NAME . LATURED	14. MOTHER'S MAIDEN NA	ME
William Hickbury	Vistelle La	rety
15. WAS DECEASED EVER IN U. S.IARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECUF	RITY NO. 17. INFORMANT	ADDRESS
	Estelle 1/	celibring
18. 581.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dott O'	
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	yang man	
injury or complication which caused death.) DUE TO	Chionis Cl	oliolism
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING	······································	
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
- Late Blace of India		YES NO L
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		f in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	OCCURRED 21F. HOW DID INJURY	OCCUR?
m. WHILE AT	NOT WHILE AT WORK	
22. I certify that I took charge of the remains de	escribed above, held an failed	thereon and from
the evidence obtained by said Autorsy. Inspe	ction or Inquiry, find that said de	nspection or inquiry ceased died on the day stated above,
and death in my opinion resulted from: natu	ral causes M, accident . suicide	\square , homicide \square , undetermined \square .
Harley H. Durlack	M.D. MEDICAL INVESTIGATOR	EXAMINER
24A. BURIAL, CREMA- 21B. DATE 24C. NAME C	OF CEMETERY OR CREMATORY 24D. LO	OCALION (City, toyn or county) (State)
Durial July 2/52 /1/1.	alrangem. (las	C. County Md.
DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FONERAL DIRECTOR	l.m. ADDRESS
JUL 2 1952 1 0 1 WYSLEY	ings from U.	West & Daughler
V S 151	099 112471.0	unline V



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Ĭ	2 6:	167			EALTH DEPARTMENT		6i.67
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registere	d No.
	NAME OF Type or Print)		ARTO	DOLK		2. DATE OF	- 01 3000
	PLACE OF	DEATH:	AKE	POLK	4. USUAL RESIDENCE (DEATH JUN	e 24, 1952 If institution: residence
1	Baltimore	City, Maryland	tal or institut:	ion, give street address or	A. STATE Maryland	B. COUNTY	before admission
	OSPITAL OR			location)		If outside corporate li	mits, write RURAL and giv
		Universi	ty Hosp		Baltimore		0 4 township
С	ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	ay Street	ATT BUSINESS
}	male	6.COLOR OR RACE		E. MARRIED. PED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	IOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	<u> </u>	Jen.	14. MOTHER'S MAIDEN N	ME	
	Unik	Enows.	,		71 - 6	VAINE .	
15 (Ye	. WAS DECEAS	SED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	our -	ADDRESS
				SECORITY NO.	mamie	Scrugg	e-
ERTIFICATION	heart fail injury o	LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH	e, .) DUE TO (B)	tion of vomitus		
ERTIFIC	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	D		-1180	
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. EXTER UNDERLYIN	NAL CAUSE WAS NG M OR CONTRIB- CAUSE OF DEATH.	about home, fa	CE OF INJURY (e. g., in ym, factory, street, office bldg., e NOME			7, give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	` . '	THE INJURY OCCURRE	D 21F. HOW DID INJUR		
L	Suna C	7-24-22 1:12	A.m.	WORK AT WORK		vomitus	
100	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\).						
	23A. SIGNA	TURE 11	Lours	×	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGATION	EXAMINER	23c. DATE SIGNED June 24. 1952
24 T10	A. BURIAL.	CREMA. 24B. DATE Specify)	152 2			OCATION (Sity, tow	
LC	TE RECEIVE CAL REGIST	1952 Tunting	ton W	Mary, My?	25. FUNERAL DIRECTOR	a. Ellis	ADDRESS

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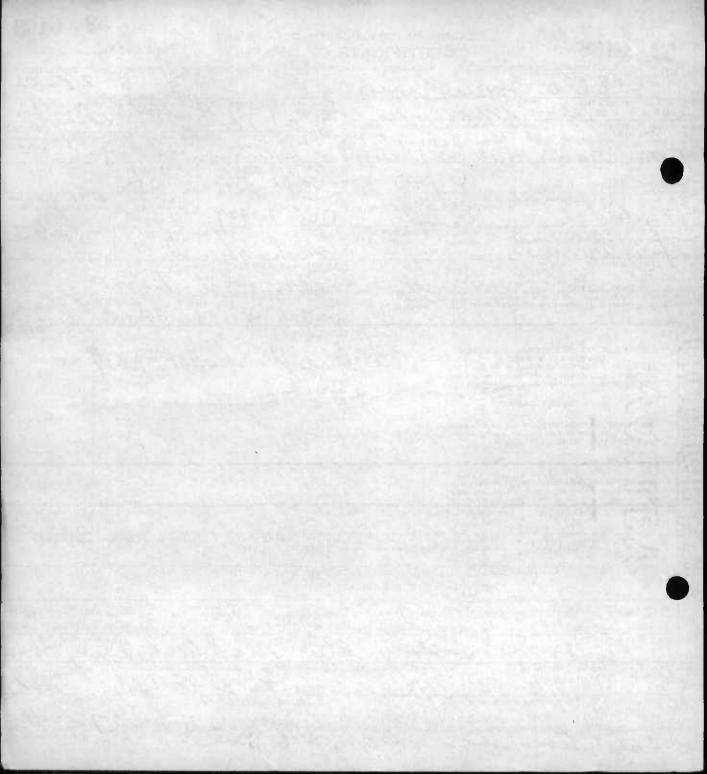
В	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	2 6168
(7	Type of Print) Cla Haurens 2. DATE OF DEATH	28-52
3	. PLACE OF DEATH: Baltimore City, Maryland Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived, Minst	itution : residence before admission
	SPITAL OR BAX - WW - BA. 2101 W location C. CFTY OR TOWN (If outside corporate limits, with the corporate limits with the corporate limits, with the corporate limits, with the corporate limits and the corporate limits, with the corporate limits, with the corporate limits and the corporate limits with the corporate limits with the corporate limits and the corporate limits with the corporate limits with the corporate limits and the corporate limits with the corporate limits and the corporate limits with the corporate limits with the corporate limits with the corporate limits and the corporate limits with the corporate lin the corporate limits with the corporate limits with the corpora	rite RURAL and giv
11	Con Vales Cent Home Cold Spring Lang Baltims ora 9.	- dewnship
	Yrs. D. STREET ADDRESS (If rural, give location)	-
C	Tength of stay in Baltimore () 9700 Days 2601 Stone	
7	Emale Col WHOWED, DIVORCED (Specify) NOV. 7-1909 last birthday) Months	
10	DA. USUAL OCCUPATION (Give kind of the property of the propert	CITIZEN OF WHAT COUNTRY
1	3 EATHER'S NAME.	
	John Haw King Margar Et Berry	
15 (Ye	(If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Dallas Haw Zene 306 40 Ken	5 0
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DEATH (A) CAUSE OF DEATH (A) DUE TO DEATH (A) DUE TO DEATH (A) DUE TO DEATH (A)	INTERVAL BETWEE
	ANTECEDENT CAUSES	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
SAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INJURY OCCUR?	exact location)
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	

WHILE AT NOT WHILE 22. I hereby certify that I attended the deccased from 19

, 19___, that I last saw the deceased alive on from the causes and on the date stated above. and that death occurred at 23A. SIGNATURE 23C DATE SIGNED 238. ADDRESS

BURIAL, CREMA-REMOVAL (Specify) (State)

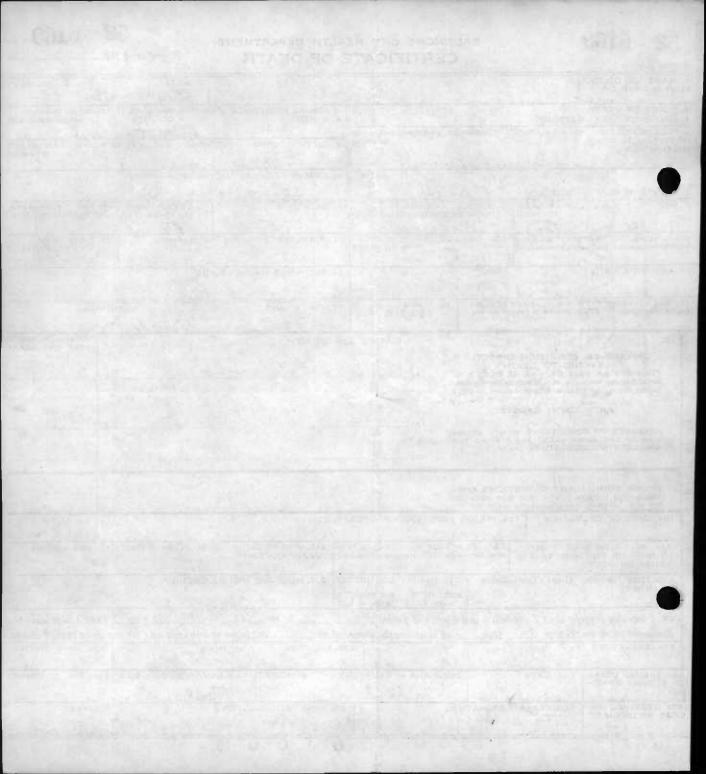
DATE RECEIVED BY ADDRESS



200 Cm. m. 22201 lorar ene 30.1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased/lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION more D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore years 1200 Dalle Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE Widsmed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 20.1 INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WORK AT WORK 22. I hereby certify that I attended the deceased from_ 1922, to. 1922, that I last saw the deceased alive on MML IV. 1932, and that death occurred at S m., from the causes and on the date stated above. 23A. SIGNATURE / 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) all 13.1952 redral DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

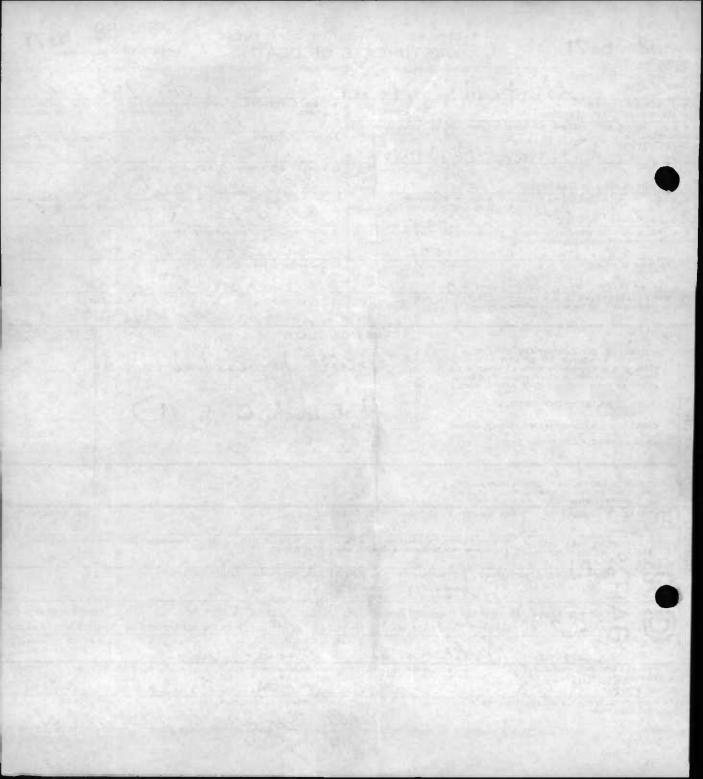
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263	LE-Ge	red		
52 6170	BALTIMORE CITY H	EALTH DEPARTMENT		52 6170
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	Gotterd MA	RGARET.	2. DATE OF DEATH	1-1982
3. PLACE OF DEATH: A. Baltimore City, Maryland 13	altimore city Med	4. USUAL RESIDENCE (V		nstitution : residence before admission
HOSPITAL OR	al or institution, give street address or location)	Metryland C. CITY OR TOWN (IF	outside corporate limits	
INSTITUTION F. S. H	Ma.	Baltim	ore 16.	township
c. Ingth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If 2940 Win		14
5. SEX 6. COLOR OR RACE	Life Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
F. W.	WIDOWED, DIVORCED (Specify) Married.	3/11 1893	last birthday) Mor	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
HOME 13. FATHER'S NAME	Housewife	14. MOTHER'S MAIDEN NA	A M E	U. S. A.
Traft Sai	muel Trott	Wessels	Nancy L. We	eeall
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL	17. INFORMANT		DRESS
unknown NO		ir. Lawrence LeGo		
18. 560,2	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION I		2	A / /.	
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	ns the disease.	Pulmonary ?	moorom	
ANTECEDENT CAUS	ES 4			- ,
DISEASES OR CONDITIONS, IF	ANY, GIVING	eart fair	ure	S lvb.
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO			
	(C)		***************************************	
OTHER SIGNIFICANT CONDIT	TIONS CON			
TRIBUTING TO THE DEATH, BUT I	NOT RELATED			
19A. DATE OF OPERATION 15		ATION		20. AUTOPSY?
6-13-52	umbilieal	Heria		YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year)		ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I atte		, 19, to		that I last saw th
deceased alive on	. 19 and that death occur	red atm., from t) 3B. ADBRESS	he causes and on the	
1 Color	9. Aprilano.	Fronklin	gons Wooh	6/30 52
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240. 4	CATIONACTY, town,	or county) (State)
Burial July 5,	1952 Loudon 1	ark 16	10-111.	mel.
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25. FUNERAL DIRECTOR	- 0	ADDRESS
JUL 2 1952 1 1	medon Vyllialus, MX	Jann 1. Stansb	054 - 9100 CC	Imond Son Hvz
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5	S	61.	72
			4 500

23c. DATE SIGNED

Maryland

Registered No ._ DEATH July 1, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Wyman Pk. Drive & Wist Street township) Bal timore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 713 St. Paul Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Seafarer Steward 13. FATHER'S NAME Philomina Telan 14. MOTHER'S MAIDEN NAME Triponia Solidom 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 566-14-4320 Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Postoperative state (thoracotomy) Approx. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, for cystic disease with hrs. injury or complication which caused death.) bronchiectasis of left lung ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Bronchiectasis & atelectasis 20. Autopsys of lower lobe and lower medial portion of upper lobe | YES X 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE!

AT WORK WORK 22. I hereby certify that I attended the deceased from May 20 , 1952, to July 1 1952 that I last saw the . and that death occurred at 1:10Am., from the causes and on the date stated above. deccased alive on July 23A. SIGNATURE 238. ADDRESS

US PHS Hospital, Balto, Md. 14A. BURIAL CREMA 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) burial Baltimore, New Cathedral Cemetery

ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR 1217 St. Paul Street

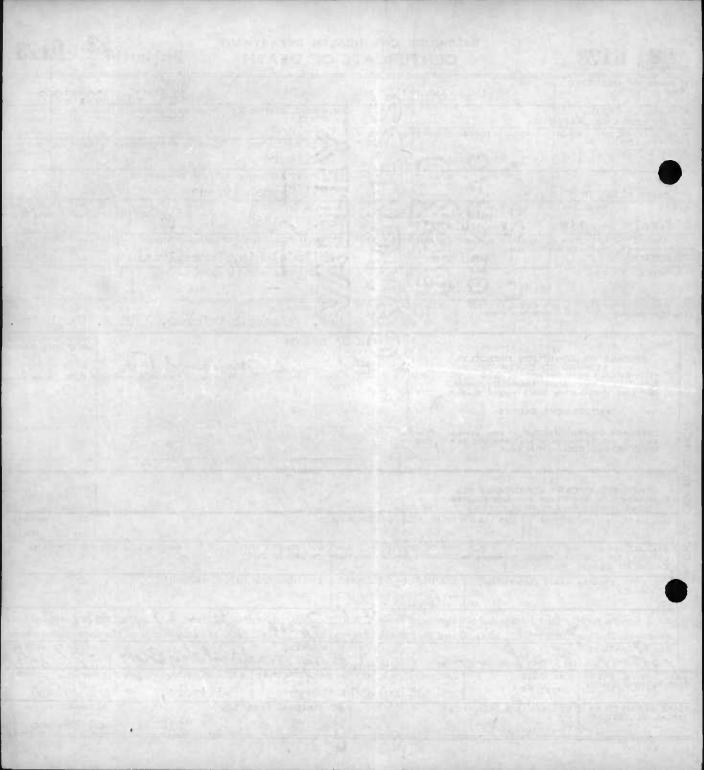
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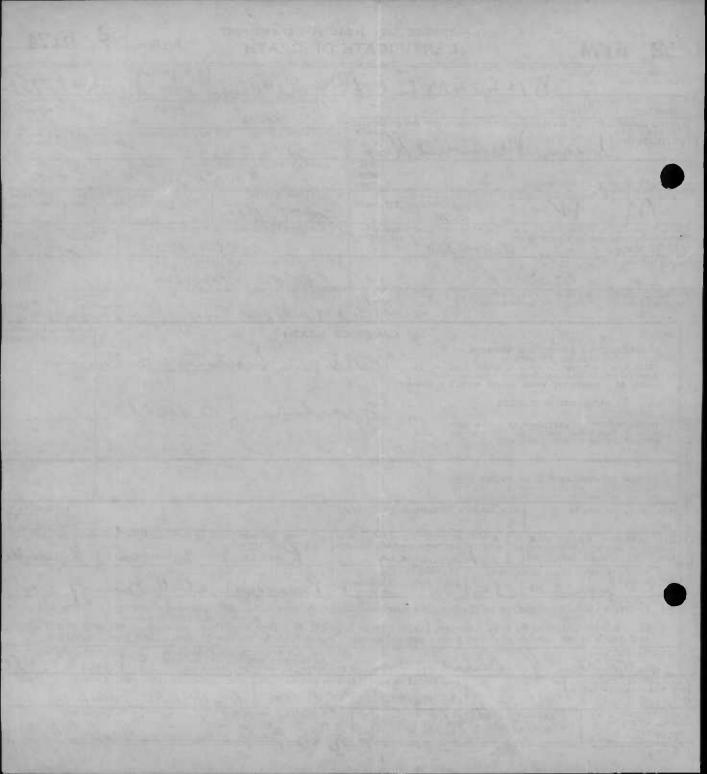
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 6173

BIRTH NO.						
1. NAME OF D (Type or Print)	ECEASED	Elizab	eth Kaissling		2. DATE OF DEATH JU	ne 29, 1952
3. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland		on, give street address or location)	4. USUAL RESIDENC A. STATE Maryland c. CITY OR TOWN Baltimore	E (Where deceased lived, B. COUNTY (If outside corporate lin	before admission)
c. Length of s	tay in Baltimore	7 CINCLE	Yrs. Mos. Days	D. STREET ADDRESS 1811 Raynor A	(If rural, give location) Venue 9. AGE (In years)	If Under 1 Year 11 Under 24 Hours
female	white	wid	MARRIED, ED, DIVORCED (Specify) OWOO	Nov. 7, 1868	last hirthday)	Months Days Hours Min.
ork done during most of housewife	CUPATION (Give kind of of working life, even if retired)	own h	OF BUSINESS OR INDUSTRY	Philadelphia	or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N			affery	14. MOTHER'S MAIDE	N NAME	
(Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mrs. Elizabeth	Osborne, 132	ADDRESS 5 E. North Ave.
(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA' not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE GAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	FH f dying, e. g ns the disease aused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	hrmi M	yrodus	
21A. ACCID	ENT WAS UNDER-	218, PLA	FINDINGS OF OPER	n or 21c, WHERE DID	(If in Baltimore City	20. AUTOPSY? YES NO O
ID. TIME FINJURY	(Month) (Day) (Year) by certify that I at live on 2	(Hour) m.	arm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur M. D.	ED 21F, HOW DID IN	June 2 9, 19	that I last saw the the date stated above.
24A. BURIAL, TION, REMOVAL (S DULTIA	pecify)		24c. NAME OF CEMETE Baltimore C		Baltimore,	vn, or county) (State) Maryland
DATE RECEIVE LOCAL REGIST		SIGNATU	History Min	Vm. Cook Q		ADDRESS Paul Street



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) une 2 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RUR L and give c, CITY OR TOWN LTIMORI D. STREET ADDRESS (If rural, give location) Men 20 W. SAKATOGA ngth of stay in Baltimore Dayo 6. COLOR OF RACE 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) INGLE 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during must of working life, even if retired) INDUSTRY WHAT COUNTRY CARETAKER MARYLAND 0. SA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 1920 HILLOW SP. R (Yes, no nr unknown) SECURITY NO. DUNDACK, MO INTERVAL BETWEEN 23,4 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21c. WHERE DID INJURA DOCCUR? about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-2 BIDATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) METHODIST CHURCH CEM. DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151

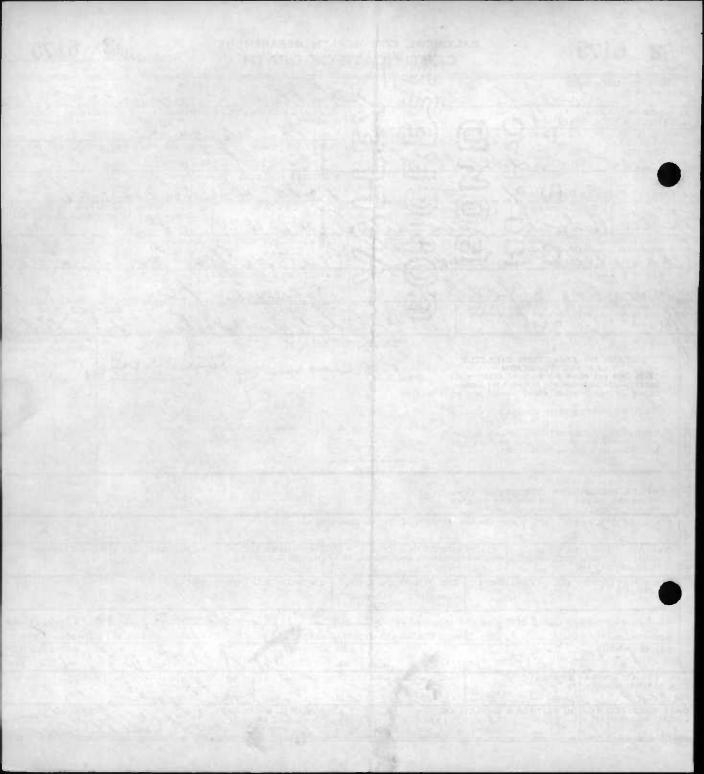


420 52 6175 BIRTH NO.

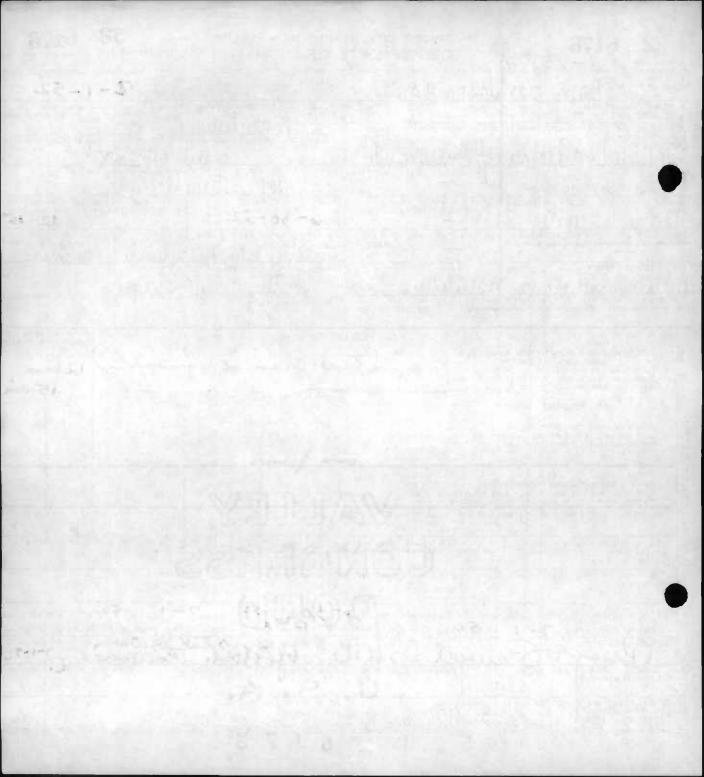
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6175

Sixtif No.	
I. NAME OF DECEASED (Type or Print) Welch Cauthon (Hallis 2. DATE DEATH LINE 29.10.53
3. PLACE OF DEATH: A. Baltimore Oity, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STAFE) before admission)
B. FULL NAME OF (If not in hospital or institution give street address or HOSPITAL OR logition) INSTITUTION	C. CITY OR TOWN Of outside corporate limits write BARAL and give
205 Smithen S.	Dultimore 16-0 (township)
C. Length of stav in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (Pural, give location)
5 SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWES, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years fl Under I Yest Il Under 24 Routs last birthday) Months; Days Hours; Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	ALBIRTHPLACE (State or foreign country) 12. CITIZEN OF
work gone during most of working life, even if retired) Seval	Conterville Med WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER M. U. S. AMO FORCES? 16. SOCIAL	17. WFOBMANT ADDRESS 5-27
He five was of these of service) CURITY NO.	Solomon Wilson In Culled &
11 002 1	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	monory Intercentalis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	And the season in the season of the season o
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e. g., in LyING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)	or 21c. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING	ED 21F. HOW DID INJURY OCCUR?
mi. WORK AT WORK	1 7 7 187. Charle 79105311 111
deceased alive of 19th Land that dealed occur	
23A. 51 CM ATURE 2	3B. ADDRESS 23c. DATE SIGNED
24A. BURIAL GREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24% LOCATION (City, toyn, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE,	will Dallingone, had
LOCAL REGISTRARY Tuntington Walistus Mes	Thatland Justill Charle
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662	6//



1755	*				
52 6176 BALTIMORE CITY HEALT					
BIRTH NO. 52-15814 CERTIFICATE O	DEATH Registered No.				
(Type or Print) BABY BOY JOSEN HANS	2. DATE OF DEATH 7-1-52				
3. PLACE OF DEATH: A Baltimore City, Maryland 4. U	JAL RESIDENCE (Where deceased lived. If institution: residence TE 10				
FULL NAME OF (If not in hospital or institution, give street address or location)	Y OR TOWN \ Q(If outside corporate limits, write RURAL and give				
Doskital in homey of Maryland	(AALW-11-53-57 township)				
Yrs. Mos. Mos. Days	EET ADDRESS (If rural, give location)				
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. D/	9. AGE (In years of Under I Year last birthday) 9. AGE (In years of Under I Year Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	THPLACE (State or foreign country) 12, CITIZEN OF WHAT GOUNTRY?				
13. FATHER'S NAME	THER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. U.	ORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ORMANT				
18. 761.0 CAUSE OF D	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	crawie Lemonehye 12 kms				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	15 min				
ANTECEDENT CAUSES					
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
A DIADERETING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 2	. WHERE DID (If in Baltimore City, give exact location) URY OCCUR?				
Σ CAUSE OF DEATH					
OF INJURY WHILE AT NOT WHILE	. HOW DID INJURY OCCUR?				
m. work AT WORK					
deceased alive on 7-1, 19 5 and that death occurred at 12 nn., from the causes and on the date stated above.					
23A SIGNATURE POLICE DM. O. 23B. AL	RESS CLOSO LA LO DAMES C. DATE SIGNED				
24A. BURTAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OR	REMATORY 240. LOCATION (City, town, or count) (State)				
DATE RECEIVED BY I REGISTRAR'S SIGNATURE. 125. F					
	Sturanors Ru Jud				
LOCAL REGISTRAR SIGNATURE 25. F	NERAL DIRECTOR ADDRESS SEIN Fund hornguoisalo				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6177

BIRTH NO.	2 Of BEATTI				
	WANZ 2. DATE OF DEATH July 1-1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, it institution; residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Crowboard Retrieval location)					
2117 Dennison and	Balto. City 3-0 ponship)				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 19. ACC (In years) Under 1 Year If Bader 24 House				
Female White WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. ACE (In years II Under 1 Year II Under 24 Hours Min. Sont. 1898 9. ACE (In years II Under 1 Year II Under 24 Hours Min.				
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or forcign country) 12. CITIZEN OF WHAT COUNTRY!				
13. FATHER'S NAME	Porta Rica				
La casa Emplana	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (fr yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS				
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Marion Dieppa Street Md. Harland Co.				
	OF DEATH INTERVAL BETWEEN				
DÍSEÁSE OR CONDITION DIRECTLY LEADING TO DEATH	exelusion Nousakes e Sulle				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	exercise personal sometic				
ANTECEDENT CAUSES	4 01100				
DISEASES OR CONDITIONS, IF ANY, GIVING	pay pertusur C.V. W.W. 2yr.				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					
21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6. g., i					
LYING OR CONTRIBUTING cbout home, farm, factory, etreet, office hidg.,	to.) INJURY OCCUR?				
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY					
m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from	117 , 1931, to 3/1 , 19 1, that I last saw the				
deceased alive on 1991 and that death occurred at 44m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SYGNED					
Joseph X, Blusser.o.	111v h alvent 7/1/vi				
24A. BURIAL, CBEMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)				
DATE RECEIVED BY REGISTRAR'S, SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
JUL 2 1952 Huntington Welliams M.P.	Wm. S. Fightowski 2007 Eastorn are.				
VS 150	6 1 7 11				

FRANCES FALL YANZ

BALTIMORE CITY HEALTH DEPARTMENT

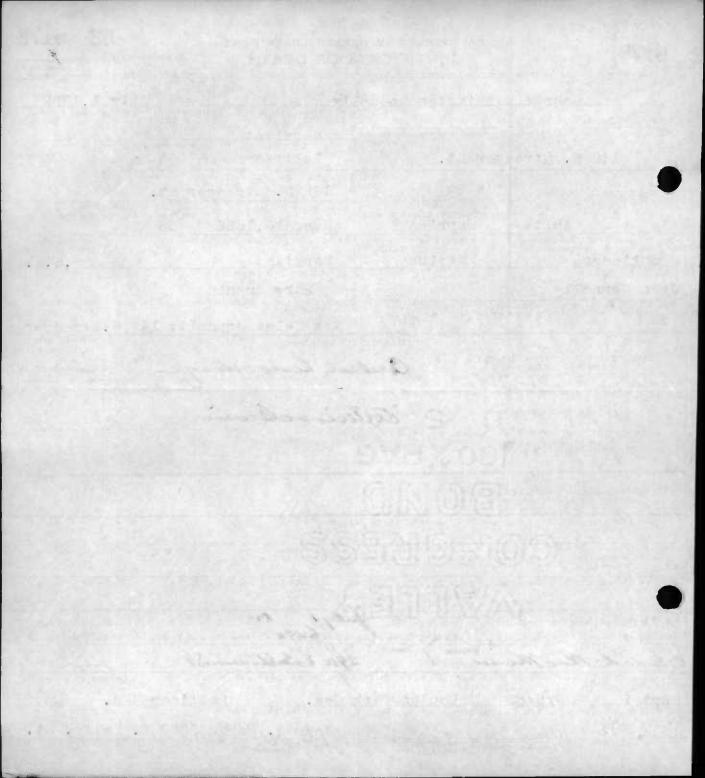
52 6178

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) George Washington Connolly DEATH July 1,1952

4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits write RURAL and give INSTITUTION 142 N. Streeper St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 142 N. Streeper St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years II Under I Year last birthday) Months; Days Hours; Min. Male White June 10,1884 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Enrineer
13. FATHER'S NAME Maryland U.S.A. 14. MOTHER'S MAIDEN NAME John Comnolly Mary Cronin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECHRITY NO. Mrs Selma Connolly 142 N.Streeper S 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES arterischeron DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPS 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1952 to_ 22. I hereby certify that I attended the deceased from. _, 19___, that I last saw the , 19 and that death occurred at 500 cm, from the causes and on the date stated above deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED hades O. Mac Mires 2900 Essellerouse 4A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town or county) 24B. DATE Burial Loudon Park Com. Baltimore Md. ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.

24055

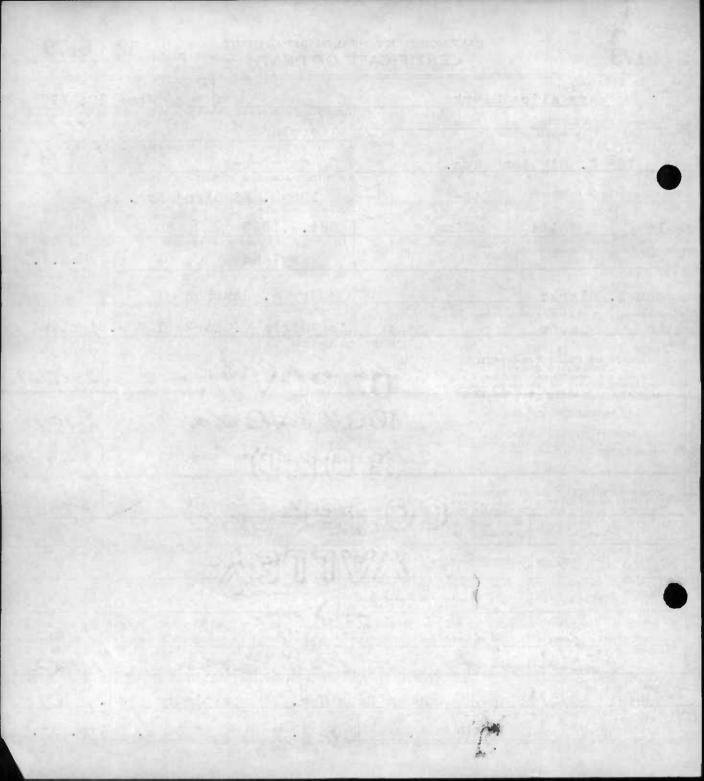
VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6179

BIRTH NO.	CERTIFICATI	E OF DEATH						
1. NAME OF DECEASED		2. DATE						
(Type or Print) Mary Alice Clar	ke	DEATH June 30,1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A: STATE B. COUNTY before dimission)						
B. FULL NAME OF (If not in hospital or instituti	ion, give street address or	Maryland						
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate limits, the RUKAL and give						
125 N. Highland Av	0.	Baltimore 66 (township)						
	Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Lif	Mos. Days	125 N. Highland Ave.						
5. SEX 6. COLOR OR RACE 7. SINGLE	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours Inst birthday) Months; Days Hours Min.						
emale White Single		Oct.4,1863 88						
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
? ?	INDUSTRY	Maryland What Country?						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
John T Clanke		Mary A. Jonshon						
John T. Clarke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT ADDRESS						
	SECURITY NO.	Miss Miria V.Clarke 125 N.Highland A						
18. 16.2.2.1		OF DEATH INTERVAL BETWEEN						
Todil		ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Q No.	relatic C. V. Sesson 2-15-51						
(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas	C., (ACCOMMU	relieve 2-15-51						
injury or complication which caused death	.) DUE TO							
ANTECEDENT CAUSES	0/	2						
Z	(B) Chi	mi keyreoidiki 2-15-51						
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH	E DUE TO							
UNDERLYING CONDITION LAST.	(c) Truy	carded Farlier. June 1 195						
OTHER SIGNIFICANT CONDITIONS CON								
TRIBUTING TO THE DEATH, BUT NOT RELATE	D G	drans) 6 mes.						
TO THE DISEASE OR CONDITION CAUSING IT	FINDINGS OF OPER	ATION 120 AUTOPSY?						
2 mm	(Ciss	YES NO 4						
21A. ACCIDENT WAS UNDER. 218. PLA	CE OF INJURY (e.g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)						
LYING OR CONTRIBUTING about home	arm, factory, street, office bldg., e	(c.) INJURY OCOR?						
Σ	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?						
INTURY	WHILE AT DE PREMULE!	0						
211.	WORK AT WORK							
22. I hereby certify that I attended the deceased from 2-15 187, to 30, 1953, that I last saw								
deceased alive on regeso, 1912,	and that death occur	red at/23 P.m., from the causes and on the date stated above.						
23A. SIGNATURE		38. ADDRESS 23c. DATE SIGNED						
Tallohammak	M. D.	842 8. Eastline 7-1-52						
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 7/3/52	Loudon Par	rk Cem. Baltimore Md.						
DATE RECEIVED BY REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR ADDRESS						
1111 2 1950 Tuntinators	WW. Bond	John A. Moran 3000 E. Balto. St.						
VS 150	Medder, My	John A. Moran 3000 E. Balto. St.						



650 2 6180 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

6180

52

<u></u>	IRIH NO.						
1.	NAME OF DECEASED (Type or Print)	ETHEL S	ACKER B	ROW	N	2. DATE OF DEATH	ULY 1, 1952
A	. PLACE OF DEATH: . Baltimore City, Mar	yland		4 A		(Where deceased lived, B. COUNTY	If institution : residence before admission)
Н	FULL NAME OF (If I OSPITAL OR NSTITUTION 777	not in hospital or instit			CITY OR TOWN	(If outside corporate lin	mits write MCRAL and give township)
V	(42)	24	31.		STREET ADDRESS	(If rural, give location)	
_	Length of stay in Ba		KS.	Mos. Days	DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
_	FW		WED, DIVORCED	(Specify)	UN 22.187	1 last birthday)	
1 (DA. USUAL OCCUPATION Adone during most of working life,	N (Give kiod of even if retired)	SRICR IND	OR 11	NGLAND	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S NAME	Ros	-isreix	14	MOTHER'S MAIDEN	0	
1 !	5. WAS DECEASED EVER IN	U, S. ARMED FORCES		12	. INFORMANT	STOKLE	ADDRESS
	(If yes, gi	ve war or dates of service)	212-07-4	977 R	H. WIGZEL		SAME
	18. 420.0	I ONDITION DIRECTL		USE OF	DEATH		ONSET AND DEATH
	(This does not mean heart failure, asthenis	the mode of dying, etc. It means the disc	e. g., (A) Q.	tuo !	elevotes 12.	art tolsea	as Judgeste
	injury or complicati	on which caused des	th.) DUE TO	~ 4			
2	DISEASES OR CON	DITIONS, IF ANY, GI		cou	no sole	rusis	- The state of the
1	RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STATING	THE DUE TO (C)				
11							
711	OTHER SIGNIFICA TRIBUTING TO THE DISEASE OR	EATH, BUT NOT RELA	TED		***************************************		
Į	19A. DATE OF OPERA	TION () 198. MAJ	R FINDINGS OF	OPERAT	ION		20. AUTOPSY?
こうこ	21A. ACCIDENT WAS LYING OR CONTRI	0110211	LACE OF INJURY ne, farm, factory, street, of		21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
Ξ	21D. TIME (Month) (I	Day) (Year) (Hour)	21E. INJURY O		21F. HOW DID INJ	URY OCCUR?	
		m.	WORK	OT WHILE		vil.	1 -
22. I hereby certify that I attended the deceased from 19 that I deceased alive on 2 / 19 that I deceased from 19 that I decea							
	23A. SIGNATURE	WARA	17		ADDRESS UICK	leaver	23c. DATE SIGNED
	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	48. DATE - 3-1951	PDASOCO		OR CREMATORY 24	D. LOCATION (City, to	wn, or county) (State)
DL	ATE RECEIVED BY ROCAL REGISTRAR	EGISTRAR'S SIGNA	TURE	25	FUNERAL DIRECTO	OR 10 C. A.C.	ADDRESS DO
	JUL 2 1952 7	Juntinglo -	Idialus,	M. H.	M-7 FURIUS	20NS CO 4	102 YORK 1KV.
	49 100						

DR. G.W DEHOFF
2020 N. CHARLES

-219MI

1	-655
	6181

CERTIFICATE OF DEATH

Registered No. 6181

BIRTH NO.	L OI BEATT
1. NAME OF DECEASED (Type or Print) FUGPNE	Merryman 2. Date OF DEATH JULY 1.1952
A. Baltimore City, Maryland 2 640 N. CALvert St	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RUITAL and give
AA	BALTIMORE (Commship)
Yrs.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 17 Year If Under 24 Hours
MALE White WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork done during rept of working life, even if retired) (10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT/COUNTRY?
Clerk-Ketired Insurance Co.	Maryland U.S. a.
Henry M. Merryman	Mary Griffith
15. WAS DE EASED EVER IN U.S. ARMED FORCES? 16. SOCIAL. (Yes, no or un nown) (If yes, give war or date of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs. Ella C. Merryman, 2640 M. Calvert St.
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	bral Hemorrhage. 2 years.
heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	999
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	alized toterio: scleroris over 2 years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
CO	ellensun
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A ACCIDENT WAS LINDED. 21B. PLACE OF INJURY (e.g.,	In or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg. CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY MILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from De	
	erred at \$300 m., from the causes and on the date stated above.
23A. SIGNATURE Light N. C. den. M.D.	2701 n. Calvert St. July 1, 57
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BUVIAL JULY 3,1952 FYIP NO	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtington Williams My	00.00.100.0
Vs 150	Norm Withtehall Tomo 1900 Culaw Vlace

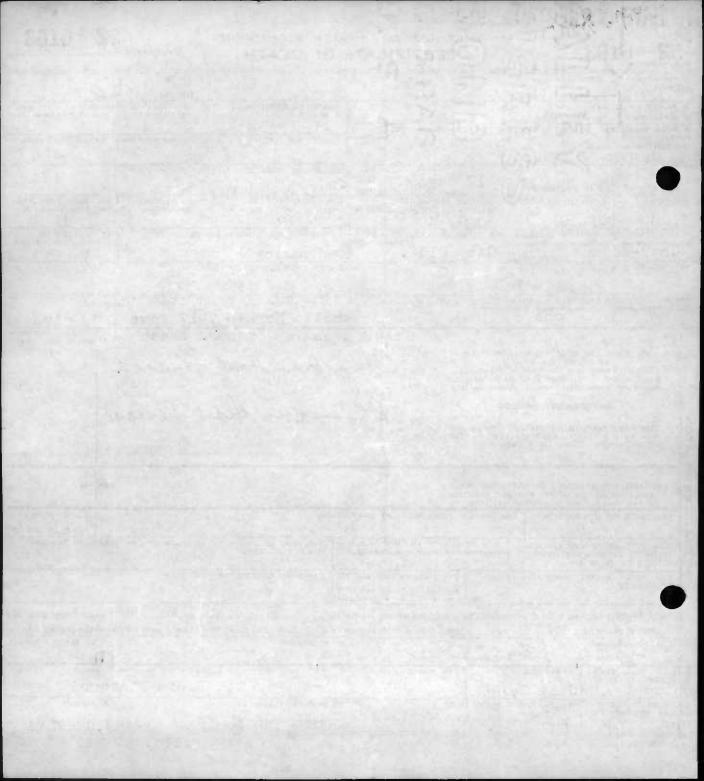
THE STREET STREET * AZ CONTRACTOR DE MUNICIPAL MARIA Santary St. Est.

6	20
2	6182
BIR	TH NO

	6182				OF DEATH	ENT	Registered No	6182
BI	RTH NO.		OLIVI7	110/112	OI DEXIII			
1. (T:	NAME OF DECI	EASED CARO	LMICHAEL	KARWACKI			of EATH July	1,1952
A.	PLACE OF DEAT Baltimore City	y, Maryland		A	STATE	CE (Where d		
HC	FULL NAME OF SPITAL OR STITUTION		al or institution, give stre	location)	Maryland city or town	(If outside	e corpora e limits,	the RoRAL and give township
		St. Jos	eph's Hospital		Baltimore,	. (7.6		
c.	gth of stay	in Baltimore	life	Mos	4315 Shramr			
5.	Male 6.	COLOR OR RACE White	7. SINGLE, MARRIED WIDOWED, DIVOR		Nor 1. 19		GE (In years Mont	ths Days Hours Min.
		PATION (Give kind of rking life, even if retired)	108. KIND OF BUSIN	INDUSTRY	1. BIRTHPLACE (Sta Baltimore		country) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAM	Kan.		1c Prop 1	4. MOTHER'S MAID	EN NAME	andre	in b
15	WAS DECEASED I	EVER IN U. S. ARMEI	FORCES? 16. SOCIA	AL I	7. INFORMANT		A D	DRESS
CATION	(This does no heart failure, injury or con AN DISEASES ORISE TO THE	OR CONDITION EADING TO DEA. to mean the mode of asthenia, etc. It mea mplication which of ITECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION LA	TH If dying, e. g., Is the disease, Laused death.) DUE TO SES (B) F ANY, GIVING STATING THE DUE TO	Per	eralized per			ONSET AND DEATH
CERTIF	TRIBUTING TO	II NIFICANT CONDI O THE DEATH, BUT ASE OR CONDITION	NOT RELATED					
ار	19A. DATE OF	OPERATION > 1	98. MAJOR FINDINGS	OF OPERAT	ION			20. AUTOPSY?
EDICA		T WAS UNDER-	ACUTE PANPI 218. PLACE OF INJ about home, farm, factory, ats	URY (e.g., in oi	2 Ic. WHERE DID		altimore City, gi	YES X NO ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK					21F. HOW DID II	NJURY OCC	UR?	
	deceased alive	on July 1	tended the deceased	leath occurre				that I last saw the date stated above
	23A. SIGNATUR	12	Y Velez	X M. D. 14	OO N. Caroli	ne Stre	et - 13	July 1,1952
TIC	A. BURIAL, CRE ON REMOVAL (Spec	July 5	1952 St.	Stanis	laus 1	Dunda	ON (City, town, o	md.
LC	ATE RECEIVED E	992 FRAR	stor William	A. M.J.	5. FUNERAL DIREC	NTE	20: Pt 60	209 Harland, Ro

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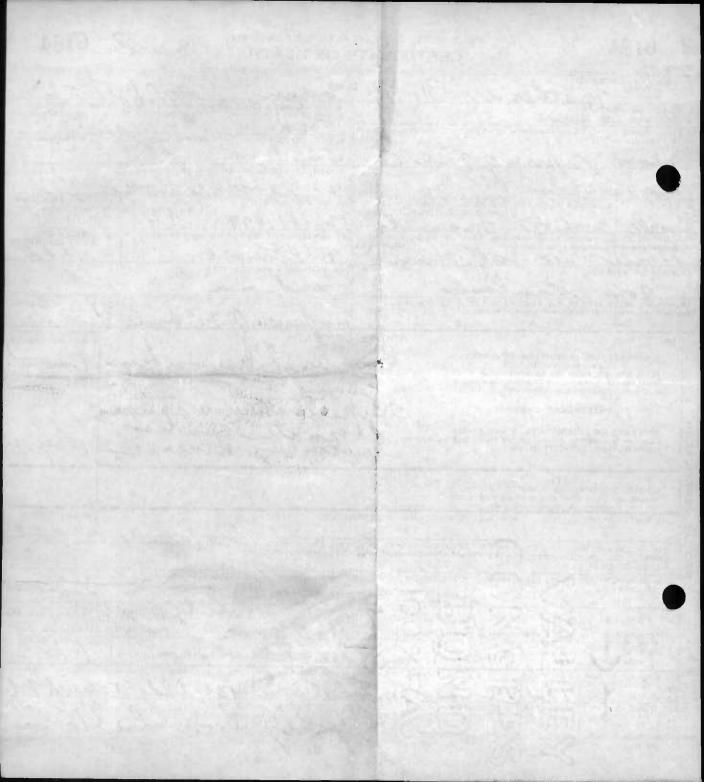
	FIGATE	CORRECTED	7-7-	5101	IANOU				
BII	52 61 RTH NO.	183		TIMORE CITY HI	EALTH DEPARTMED OF DEATH	1	Registered		6183
	NAME OF D	0. 0.				2	OF T	152	
	PLACE OF D Baltimore (EATH: City, Maryland	nou		4. USUAL RESIDE	NCE (When	DEATH 1 legre deceased lived, B. COUNTY		n : residence fore admission)
HO IN	SPITAL OR STITUTION		1 11	ion, give street address or location)	c. CITY OR TOWN	(If out	side corporate lir	mits, write Ri	URAL and give township)
4		tay in Baltimore		days Yrs. Mos. Days	D. STREET ADDRES	is bury	al, give location) Strect		
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH	9	. AGE (in years last birthday)	if Under 1 Year Months Day	Hours Min.
vork		CUPATION (Give kind of of working life, even if retired)	108. KIND	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (St. Hungary	tate or forei	gn country)	12. CITI WHA	ZEN OF AT COUNTRY?
13.	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAM	E		27h
15.	WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	?		ADDRESS	
(Yes	no or unknown)	(If yes, give war or date:	e of service)	SECURITY NO.	Amelia Merl		17 East		rive
FICATION	heart failu injury or DISEASE: RISE TO T	LEADING TO DEA' inct mean the mode of the, asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, if HE ABOVE CAUSE (A) VING CONDITION LA	of dying, e.g. ns the diseas caused death GES F ANY, GIVIN STATING THE	IG	gorkie A euwaki	Hear	Lesei	a	
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
	19A. DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPE	RATION			20. YES	AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,			n Baltimore Cit	y, give exact	location)
Σ		(Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT WORK AT WORK					
	deceased a	live on 712152	ended the	deceased from 712 and that death occu			causes and or	the date	
TIC	N REMOVAL (S	Specify	1952	249 NAME OF CEMETI	ERY OR CREMATORY		Louis Mi		
D7	TE RECEIVE CAL REGIST	D BY REGISTRAR		Villaus, My?	KRAUSE FUN	IESAIO	HOME 12	ADDRE	
	VS 150	•		753	74		Balto. 3	30 Md.	



200	50
52	6184
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT 52 6184

	E OF DEATH Registered No.
BIRTH NO.	2. DATE / /
(Type or Print) Katherine F. M	Fann OF 7/1/5-2
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Hood Nurseing Home	Landoure township)
Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 2	L8 DATE OF BIRTH 19 AGE UN years If Under 1 Year If Under 24 Hours
Revolution of Race 7. SINGLE, MARKED, OFFICE (Specifs	
10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR ork done during most of working life, syend retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife at Home	Baltimore Ush
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS BECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS - CLIVE
Yes, no or unknown) (If yes, give war or dates of nervice) SECURITY NO.	ma James 4. In & Lame Faverne
18. 443X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	strul le mounteme la sol
(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	h # 1
ANTECEDENT CAUSES	puliner a aptime
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE HINDERLYING CONDITION LAST	clevater girana
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g.	, ia or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
m. WHILE AT WORK AT WORK	K 🗀 1
22. I hereby certify that I attended the deceased from	192 to 192, that I last saw the
deceased alive on 6/30, 195 and that death occ	urred at 1/2 m., from the couses and on the date stated above. 238. ADDRESS 23C. DATE SIGNED
1 hor 6 & week M.D.	3629 Edmondon 7/5/4 Cx
244 BURIAL CREMA- 24B DATE 24C NAME OF CEME	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE!	Chal Cem. 4300 Old Frederich Rd. 25 FUNERAL DIRECTOR
Bureal 7/4/5-2 New Cath	Person CREMATORY 24D. LOCATION (City, town, or county) (State) Phal Lem: 4300 ald Frederic Rd. 25 FUNERAL DIRECTOR APPRESS, M. John A Bowanden Holling



7.5 2 52 6185 BIRTH NO.		HEALTH DEPARTMENT TE OF DEATH	52 Registered No_	6185
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	my & Mager	4. USUAL RESIDENCE (V	2. DATE OF DEATH There deceased lived. If institute is county	5-2 itution; residence before admission)
B. FULL NAME OF (If not in hospi HOSPITAL OR INSTITUTION Secur	tal or institution, give street addres locati	on) C. CITY OR TOWN (If Baltinore	outside corporate fimits, we	if: NORAL and give township)
5. SEX 6. COLOR OR RACE Male white		8. DATE OF BIRTH	9. AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Give kindo wor) lone during most of working life, even if retired 13. FATHER'S NAME			oreign country) 12.	CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARME (Yes, no y unknown) (If yes, no year or of	FORCES 16. SOCIAL SECURITY NO	17. INFORMANT Mr Margaret	t-Or hagang	est Fred
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mes injury or complication which	DIRECTLY TH of dying, e. g., ans the disease,	ormnery Thurst	isas / 0	INTERVAL BETWEEN ONSET AND DEATH
Z DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	IF ANY, GIVING	inicione by	itansias udita	340
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	₩ _₹		

MEDICAL

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 1NJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E. INJURY OCCURRED

NOT WHILE

WHILE AT

AT WORK

WORK

22. I hereby certify that I attended the deceased from

deccased alive on_ . and that death occurred at. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED

19. that I last saw the

in., from the causes and on the date stated above.

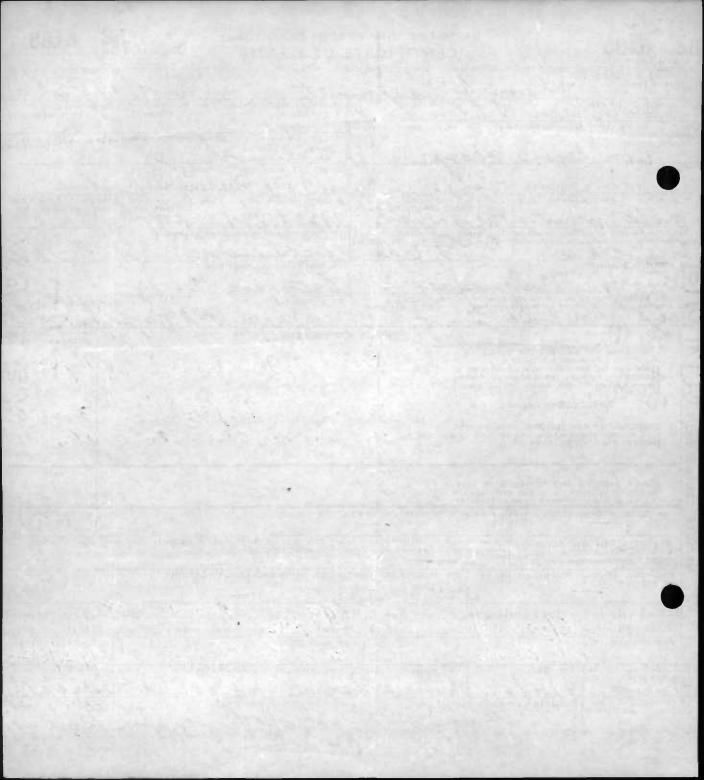
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR unterplon

JUVS 150 1907

NO

20. AUTOPSY?

YES



CORRECTED 7-3-52 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE NELLIE M. COVELL OF July 1, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 851 S. Paca St. c. CITY, OR, TOWN (If outside corp) rate limits, write FURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 851 S. Paca St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. Feb. 6, 1885 67
11. BIRTHPLACE (State or foreign country) female white widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland 13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME Richard S. Spencer Margaret N. Essenberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Mary M. Covell-851 S. Paca St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chrone Neplanter DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE! . 1957, to 7 . / , 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 6.30 1922, and that death occurred at 610 Am., from the causes and on the date stated above, 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Loudon Park Cem.

REGISTRAR'S SIGNATURE

VS 150

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

Butto 17, md.

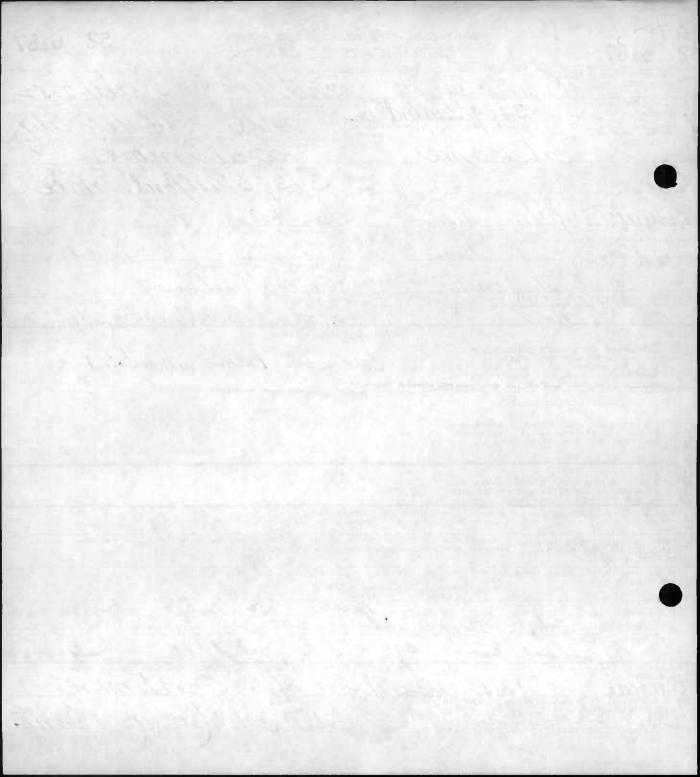
ADDRESS

Balto. Md.

25. FUNERAL DIRECTOR

A STATE OF THE RESERVE OF THE STATE OF THE S . Heart and the work of the contract of the co

3	46	BALTIMORE CITY HE	ALTH DEPARTMENT	5	2 C40m
3	RTH 6:187	CERTIFICATE		Registered No.	2 6187
	NAME OF DECEASED	Yarrett 1	Butler	2. DATE OF DEATH SULL	1/-7-12
A.	PLACE OF DEATH: Baltimore City, Maryland 3443	9 Gulfont Tex.	4. USUAL RESIDENCE (WI	nere decoased lived. If in the	itution : residence before admission)
HC	FULL NAME OF (If not in hospital or	institution, give street address or location)	c. CITY OR TOWN (If o	utside corporate limits.	te RURA II nd give
c.	gth of stay in Baltimore	63 Yrs.	o. STREET ADDRESS (15)	ural, give location)	mue
5.		SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF WITH Dec - 4-1869	9 AGE (In years last birthday) Month	r I Year H Under 24 Hours S Days Hours: Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	None	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	rett.	Lanther Die	Binson	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FOR , no or unknown) (If yes, give war or dates of ser	RCES7 16, SOCIAL SECURITY NO.	17. INFORMANT W. Katharine B. S	ehler 3439 4	100 10
IFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ECTLY ing, e. g., e disease, d death.) DUE TO (B)	insna color	uthmiletis	INFERVAL BETWEEN ONSET AND DEATH
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE CEATH, BUT NOT TO THE CISEASE OR CONCITION CAU	RELATED			
	19A. DATE OF OPERATION 19B. N	MAJOR FINDINGS OF OPERA	ATION		YES NO
MEDICAL		1B. PLACE OF INJURY (e. g., in out home, ferm, factory, street, office bldg., et		in Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE MORK AT WORK	D 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended deceased alive on 19	52. and that death occurr	red at 5.00 m., from th	e causes and on the	hat I last saw the date stated above.
24	Melera &	Level Day M. D.	4-8-334 8	CATION (City, town for	uly 2, 1952
TU	MINUS July 3/	52 Loudos	25 FUNERAL DIRECTOR	Dallima	DDRESS
L	OCA RECEIVED BY REGISTRAR SIN	1. 110.	Stelland	Imulo.	Dalto.



Registered No. 6188 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) July 2, 1952 ANDREW-THOMAS-BILSON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write klike L and give INSTITUTION township) Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1813 Ashburton Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINCLE, MARRIED. 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours: Min. 5. SEX 8. DATE OF BIRTH male Married white August 20,1886 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? U.S.A. Baltimore, Maryland Plumber Plumbi ng 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CONUT Francis Bilson Mary Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. None Mrs. Edith M. Bilson-1813 Ashburton Street No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple fractures, contusions and (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, pue to abrasions injury or complication which caused death.) ANTECEDENT CAUSES ... Craniocerebral injury DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Focal pneumonia OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 5254 OTING IT CAUSE OF DEATH. Martin Boulevard - Essex road 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY

ne 19, 1952

22. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

NOT WHILE

Pedestrian struck by auto

autopsy

Autopsy, Inspection or Inquiry

ASSISTANT MEDICAL EXAMINER

and death in my opinion resulted from; natural causes [], accident [X, suicide [], homicide [], undetermined []. 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL, CREMA-

Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

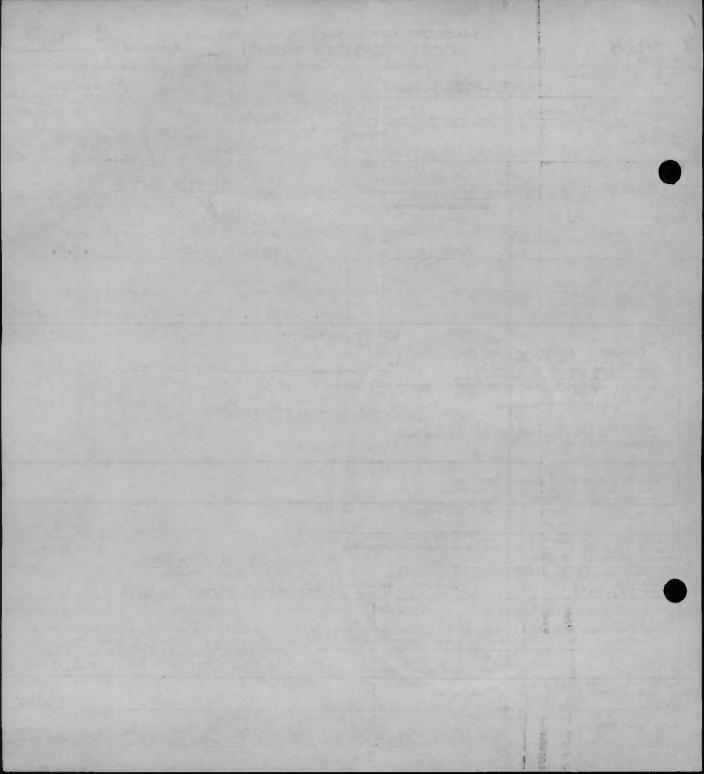
Woodlawn Cemetery

MEDICAL INVESTIGATOR 25. FUNERAL DIRECTOR

24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Baltimore.

July 2, 1952 Maryland

thereon and from

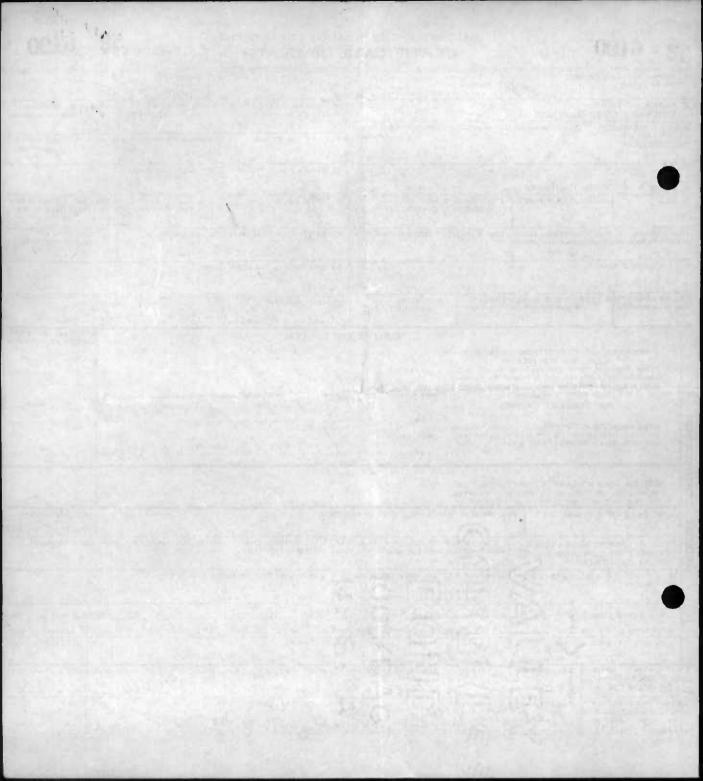


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 6189

52 NO. 6189	C	ERTIFICATI	E OF DEATH	Registered N	No.	
1. NAME OF DECEASED (Type or Print)	EAMUEL LEON	SCHIFF		OF July	2,1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in HOSPITAL OR		n, give street address or location)		B. COUNTY	before admission)	
	30th Street		Baltimore D. STREET ADDRESS (If:	7-1	s, write KURAL and give township)	
c. Length of stay in Baltime	re 32 yrs	Mos. Days	641 E. 30th	Street	1	
5. SEX 6. COLOR OR R	WIDOWE	MARRIED, D. DIVORCED (Specify)	Nov. 24,1890	9. AGE (In years last birthday) Mo	t Under 1 Year If Under 24 Hours on the Days Hours Min.	
10A. USUAL OCCUPATION (Give rork done during most of working life, even if a Proprietor	kind of 10B. KIND (cetired) Groce	of Business or ery Store	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Bennett Schiff		13	14. MOTHER'S MAIDEN NA Shrifre Dorman	AME		
15. WAS DECEASED EVER IN U. S. (If yes, give war	RMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Fannie Schi		oth ST.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (A) (B) (B) (C) (C)						
OTHER SIGNIFICANT CONTROL TRIBUTING TO THE DEATH, TO THE DISEASE DR COND	BUT NOT RELATED	Fra	feks			
19a. DATE OF OPERATION					20. AUTOPSY?	
21a. ACCIDENT WAS UND LYING OR CONTRIBUTION CAUSE OF DEATH	G about home, far	E OF INJURY (e. g., in m, factory, street, office bldg., e	tte.) INJURY OCCUR?	f in Baltimore City, g	give exact location)	
INJURY	WH	NOT WHILE		OCCORT		
22. I hereby certify that deceased alive on 199		nd that death occur	red at 4 m., from the 3B. ADDRESS Charles	re causes and on the	that I last saw the he date stated above.	
24a. BURIAL, CREMA- 24B. DATION, REMOVAL (Specify) 7/3/		Beth Tfiloh		ocation (City, town, ltimore, Mary		
DATE RECEIVED BY REGIST LOCAL REGISTRAR	finator W	Iliams Mar	25 FUNERAL DIRECTOR	4 Bros - 11	2426 W.	
VS 150	0 5 0	2906A	6 1 6 6	N	Joth Grenue	

*	340						
5	2 619 ETH NO.	30	BAI	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	6190
	NAME OF D	ECEASED	R 40	h SEIDE	1 1	2. DATE OF DEATH 7/2	152
	PLACE OF D Baltimore	EATH: City, Maryland	dev		4. USUAL RESIDENCE (Where deceased lived, If inst	(tution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (M not in hospi	tal or institut	cion, give street address or location)	C. CITY OR TOWN (I	f outside corporate limits, wi	rite RURAL and give township)
C.	Cogth of s	tay in Baltimore	100	Yrs. Mos.	D. STREET ADDRESS ()	rural, give location	2
5.	SEX	6. COLOR OR RACE		Days E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last) irth(ay) Months	I Vear II Under 24 Hours Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind on working life, even if setting)	IOB. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign couptry) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	Viuo	m			fanne		
Ye	s, no or unknown)	ED EVER IN U, S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Tache Seedel	- 3806 Belli	ave.
	18. 33	1 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	SE OR CONDITION LEADING TO DEA inot mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU	TH of dying, e. a ans the diseas caused death	e.	C-V-A	25001430	244
CATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L	STATING TH		Hy gester	uin .	
דואן	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D	V		
AL	19A. DATE C	F OPERATION .	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC	21A. ACCID LYING OI CAUSE OF	ENT WAS UNDER ON CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., o	a or 21c. WHERE DID (If in Baltimore City, give	exact location)
-	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
	22. I hereb	y certify that I at			ely / 195 700	play 19 Vin	hat I last saw the
	deceased a				red at 3:590 m., from/	the causes and on the d	ate stated above.
	23A. SIGNA	Marie	el Da	kal m. D.	3B. ADDRESS	59.	DATE SIGNED
TIE	BURIAL, ON REMOVAL (S	Decify, 7-3-	52	buted &	ebrew 24d. L	Cation City, town, or o	ounty) (State)
LC	ATE RECEIVE DCAL REGIST	RAR Hunti	'S SIGNATU	Villiams MD	all away	, Z100 B	tan R



The American Company of the Company The state of the s

- 6	000		F-0	
56 BI	CERTIFICAT	E OF DEATH	Registered No.	6192
	NAME OF DECEASED We or Print) A Lattie Man		2. DATE. OF DEATH	19 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland 144 4	4. USUAL RESIDENCE (W		tion: residence before admission)
H	FULL NAME OF OSPITAL OR STITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		outside corporate limits, writ	e RURAL and give township)
c.	Yrs. Mos. Days	o. STREET ADDRESS (If r	ural give location)	9
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months I	
10 wor	HOLD OCCUPATION (Give kind of loss. KIND OF BUSINESS OR INDUSTRY	11 FIRTHPLANE (State or for		ITIZEN OF VHAT COUNTRY
13	Mark Comally BLOG	4. MOTHER'S MAIDEN NA	Blackly	M
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SCIAL SECURITY NO.	17. INFORMACIONE HOP	KINS- HOSPITAL	55
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of death		ITERVAL BETWEEN NSET AND DEATH
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>.</u>	
EDICAL	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home arm, factory, street, office bldg., cAUSE OF DEATH	n or 21c. WHERE DID (Intel) INJURY OCCUR?		YES NO Cache location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK		OCCUR?	TERM.
	22. I hereby certify that I attended the deceased from deceased alive on 1952, 1952, and that death occur	- 19 , 19 5 to		t I last saw the
	23A. SIGNATURE M.O.	38. ADDRESS HOPKIN	e causes and on the day	DATE SIGNED
24 T/2	W. REMOVAL (Specify) July 3. 1452 (whates he	RY OR CREMATOR) 24D. LO	CATION (City)own, or cou	(State)
LC	ATE RECEIVED BY PREGISTRAR'S SIGNATURE HILL 3 - 1952 Huntington Williams My.	S. FUNDAY DIRECTOR	1216 k. Cerro	RESS Rich St
	VS 150	6.1/2/0 1		6

	*	52	6	193				
EATH	Regist	ered No						
		July 3						
RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)								
ryland Caltania								
R TOWN (If outside corporate limits, write RURAL and give township)								
ltimore		FAS	ed	tow.ii	ship;			
ADDRESS (If I			1 1	1 - 1				
2 Garden D			22	to .				
FBIRTH	9. AGE (in ye last birthd	ars	l Year Days	Hours	Hours Min.			
7. 1952 PLACE (State or fo			5					
PLACE (State or fo	reign country)	12.	CITIZ	EN OF	TRY?			
imore			*******	-				
ER'S MAIDEN NA								
ida Coving	ton							
MANT		ADDE	RESS					
s Bands 90	2 Garden	Drive	21					
н	SPACE.		INTERV	AND D				
ity (6	mg·)		•					
/HERE DID (I	f in Baltimore	City, give	YES					
OW DID INJURY	OCCUR?							

1. NAME OF DECEASED (Type or Print) MELISSA ANN BANDS 3. PLACE OF DEATH: 4. USUAL A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY O INSTITUTION St. Joseph's Hospital Ba Yrs. D. STREE Mos. 90 gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE C WIDOWED, DIVORCED (Specify) Female White Single June 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR II. BIRTH work done during most of working life, even if retired) INDUSTRY Balt 13. FATHER'S NAME 14. MOTH Charles Bands 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or uuknowu) (If yes, give war or dates of service) 16. SOCIAL 17. INFOR (Yes, po or uuknowu) SECURITY NO. Charle CAUSE OF DEAT 18. bx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., lu or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJUR LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. H F INJURY NOT WHILE WHILE AT m. AT WORK WORK 22. I hereby certify that I attended the deceased from June 27 1952, to July 3, 1952 that I last saw the deceased alive on July 3, 19 52, and that death occurred at 3:40am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED July 3, 19 52 1400 N. Carolin Street 24A. BURIA CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) July 3, 1952 Sacred Heart Burial Baltimore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

Uldrich Fune al

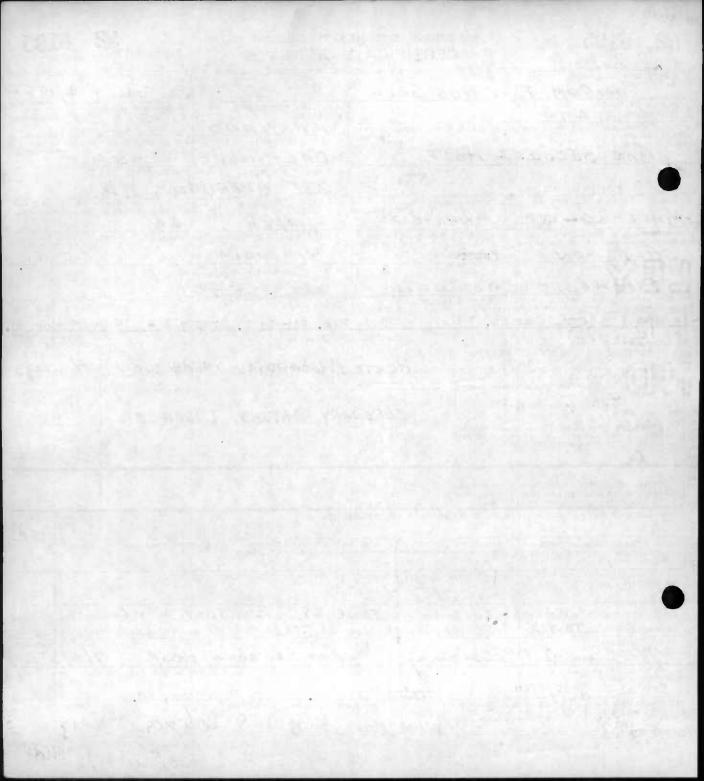
Home

2008 Orleans St

52 6194 BALTIMORE CITY HEALTH DEPARTMENT 52 6194	
CERTIFICATE OF DEATH Registered No. 114	
BIRTH NO.	
1 NAME OF DECEASED	
(Type or Print) hours NAPOLIAN HILER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: reside	nce
B. FULL NAME OF (If not in hospital or institution, siye street address or	
HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL an	nd give
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Sigth of stay in Baltimore, 60 Baye 2801 Demeson	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WICOWED, DIVORGED (Specify) 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months Days Hours	24 Hours Min.
10A USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Workshope during most of working life, even if anticed) WHAT COU	<u> </u>
work from during most of working tife, even if a fixed) Muttal Net & Tucago WHAT COU	NTRY
13. FATHER'S NAME	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADRIDES	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
18. 442X CAUSE OF DEATH INTERVAL BE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Reuse Wessel.	
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injury or complication which caused death.) DUF TO	
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout bome, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from work at work	aw the above.
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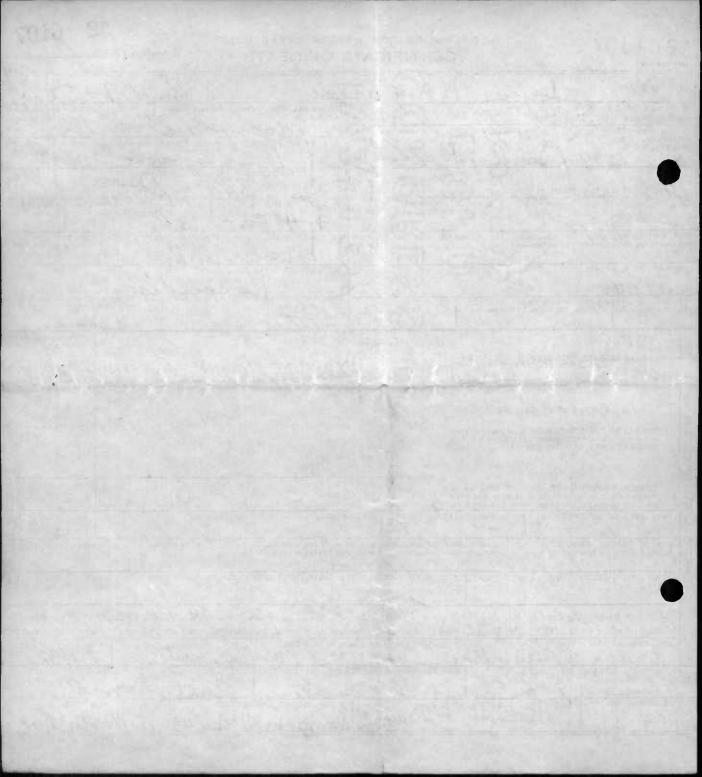
HED	
52 6195 BALTIMORE CITY	HEALTH DEPARTMENT 52 6105
BIRTH NO. CERTIFIC.	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) HIRAM T. CROSWELL	2. DATE OF JULY 2 1662
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street addr.	A. STATE B. COUNTY before admission)
INSTITUTION loca	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
34BON SECOURS HOSP.	BALTIMORE
	Yrs. D. STREET ADDRESS (If rural, give location)
c. Loigth of stay in Baltimore	Tays 335 OVERBROOK RD.
MALE WHITE MARRIED. MARRIED. WIDOWED DIVORGED (S)	8. DATE OF BIRTH 9. AGE (In years Winder I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O	
sork done during most of working life, even if retired) SHLES MAN Paper	VIAGINIA WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS J. CROSWELL	Laura B. Insley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT
yes World War No. 1	0.
	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	TE MYOCARDIAL INFARCTION 4 days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	24.1404 40.000
Z COR	ONARY ARTERY DISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	ONARY ARTERY DISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING	ONARY ARTERY DISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C)	ONARY ARTERY DISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ONARY ARTERY DISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from and deceased alive on 111 attended the deceased from and deceased alive on 112 and that death of 23A. SIGNATURE 24A. BURIAL. CREMA- 110N. REMOVAL (Specify) BUTIAL PAGE STRAR'S SIGNATURE DATE RESERVED BY REGISTRAR'S SIGNATURE	PERATION 20. AUTOPSY? YES NO NOTION NOTION NOT SET NO NOTION NOT SET NO NOTION NOTION NOT SET NOTION NOTION NOT SET NOTION NOTION NOT SET NOTION NOTION NOTION NOT SET NOTION NOT
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)2 BI	BALTIMORE CITY HE CERTIFICATE OFFICE OF THE CONTROL			Registered No.	6196		
1.	NAME OF DE	James K	ing			2. DATE OF DEATH 6-30-	-52
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)				f outside corporate limits,	write RURAL and give		
3 4940 Eastern Ave.					Baltimore	3-0	township)
		ay in Baltimore	20	yrs. Mos. Days	D. STREET ADDRESS (In 25 S. High St		
5.	M	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify) *1ed	July 7, 1910		nder I Year If Under 24 Hours ths Days Hours Min.
work	done during most of	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TRUGGING			Ohio 14. MOTHER'S MAIDEN N	AME	1		
James Ring			Betty Edwards				
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Records- Baltimo	re City Hospit	DRESS als
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(B)	monary Tuberculo	sis	years ?
AL	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK AT WORK 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., la or INJURY OCCUR? INJURY OCCUR? WHILE AT WORK AT WORK					If in Baltimore City, gi		
22. I hereby certify that I attended the deceased from 6-26-, 1952, to 6-30-, 1952, that I last st deceased alive on 6-30-, 1952, and that death occurred at 3:25A m., from the causes and on the date stated 23A. SIGNATURE.							
24 TIC	A. BURIAL, C ON, REMOVAL (S)	REMA- 24B DATE 6-30-5	2	Int. Outern		LOCATION (City, town, o	(State)
L	PULLED PER	BY REGISTRAR'	+ 11	dliams Met.	25. FUNERAL DIRECTOR	1200 for & Cull	hot
	V\$ 158-	182		68350	2		

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7	-0	1	DUCE FOIL	ES		59 6:00
15	9 6197	BAI	TIMORE CITY HE	EALTH DEPARTMENT		52 6197
BI	RTH NO. 48-272	77	CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF DECEASED (Pe or Print)	160	ld. fot	101/	2. DATE OF 7	1-59.
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. If i	nstitution: residence before admission)
В.		spital or institut	ion, give street address or location)	Moisy	land	
	CTITUTION	nk. 2	1)	C. CITY OR TOWN	Courside corporate limits	Write RURAL and give township)
3			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
-	Length of stay in Baltimor		Days Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours
_	f m	WIDOW	ZED, DIVORCED (Specify)	9-4855-	last birthday) Mon	ths Days Hours Min.
	A. USUAL OCCUPATION (Give kind done during most of working life, even if ret		OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAJOEN N	AME	
	Steve			Kal	oudis	
15. (Yes	WAS DECEASED EVER IN U. S. AF, no or nuknown) (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
				+ather	S	and
	18. 752X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	EATH	Н	YDROCEPHAL	US ATURNA	ED 77/
	(This does not mean the mo heart failure, asthenia, etc. It injury or complication which	means the diseas	g., (A)	7-1100-11111-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ji YRS
	ANTECEDENT C.		a.) DUE TO			
Z			(B)		***************************************	
SE	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	(A) STATING TH	NG HE DUE TO			
FICA	UNDERLYING CONDITION	LAST.				
1	11		(C)			
CERTI	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, E TO THE DISEASE OR CONDIT	BUT NOT RELATE	ED .			
AL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLA about home, f	ACE OF INJURY (e. g., it erm,factory,street,office bldg	n or 21c. WHERE DID (1.00cm) INJURY OCCUR?	If in Baltimore City, gi	
Σ	21D. TIME (Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I	attended the	deceased from 1141	UE 30 1952 to	July 1, 1954	Ethat I last saw the
	deceased alive on JUNE 23A, SIGNATURE	30, 1952	and that death occur	red at 4=q. m., from t	he causes and on th	
		1.	709	/ " /	ast.	23C. DATE SIGNED
	Francis L. Gr	umbru	M.D.	809 Medical	, www.	7/1/52
24 TIO	In wind of Ush	E - 59	M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, o	or county) (State)
TIO	A. BURIAL, CREMA: 24B. DAT N. REMOVAL (Specify) Bernal TE RECEIVED BY REGISTR	LUMURN E 2-59 AR'S SIGNATU	Greek Co	RY OR CREMATORY 240. L	ocation (City, town, o	or county) (State)
TIO	A. BURIAL, CREMA: 24B. DAT N. REMOVAL (Specify) Berry College	1-59	Greek Co	RY OR CREMATORY 24D. L	alto- Y	nd



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Ware DEATH July-2-1952 Sam 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland Balto. City B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 1712 Mullikin Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 19 Yrs. Days 1712 Mullikin Street
8. DATE OF BIRTH 9. AGE (In year 6. COLOR OR RACE AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Male Col. De. - 20-1905 46
11. BIRTHPLACE (State or foreign country) Married 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Crain Operator Russless Iron Chester S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Ware Kisie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 7-43-1938 Louise Ware 1712 Mullikin St 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY preinoma of dans Portes live LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY 19 2 that I last saw the 22. I hereby certify that I attended the deceased from. . 1952 and that death occurred at 10. Tm., from the causes and on the date stated above. deceased alive on. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24R DATE Bunge 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

L7.52				
2 6199	CERTIFICATI		Registered No.	6199
I. NAME OF DECEASED	11/1		2. DATE	1-
(Type or Print)	rae litersh	wolon	OF DEATH	152
a. Baltimore City, Maryland	Granleon	4. USUAL RESIDENCE (WI	nere deceased lived. If inst	titution: residence before ad hission)
B. FULL NAME OF (If not in hospital of in HOSPITAL OR INSTITUTION	stitution, give street address or location)	C. CITY OR TOWN (If o	outside eorporate i mits w	rite RURAL and give
N		Balte	more,	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If it	ural, give location)	2.
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED. IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9/AGE (In years Month	er I Year If Under 24 Hours
MIC		77 1891	6/	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY
13 FATHER'S NAME	AIRPLANAS(M	14. MOTHER'S MAIDEN NA	ME	/
7		Ida	?	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv.	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Mountain ADD	SAY and
18. 002×	CAUSE	OF DEATH	ma vogore.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY /	1.1.	lear 1	124 A
(This does not mean the mode of dying heart failure, asthenia, etc. It means the	disease,	WM my h	Malno	L. Jhan
injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO			
	(B)			
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATII UNDERLYING CONDITION LAST.				
72	(C)			
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATII UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS	CON-			
TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS				
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	PLACE OF INJURY (e.g., inhome, farm, factory, street, office hidg.,		in Baltimore City, give	
21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	m. WHILE AT NOT WHILE		4	
22. I hereby certify that I attended		- 15, 1932, to 7		hat I last saw the
deeeased alive on , 19	2, and that death occur	red atm., from the	e eauses and on the	date stated above.
Male ! We	all M.D.	861 Hon	lan bl	7-5-62
JUAN REMOVAL (Specify)	24C NAME OF GEMETE	RY OR CREMATORY 240. LO	CATION (9 by, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25 FUNERAL DIRECTOR	TO GA	DDRESS
LOCAL BGIS 1952 Hattington	F 3 C 3	1800 DILLIX	14 Alle	d 948 Days
VS 150	6703	4 // 6	11/	100 corp

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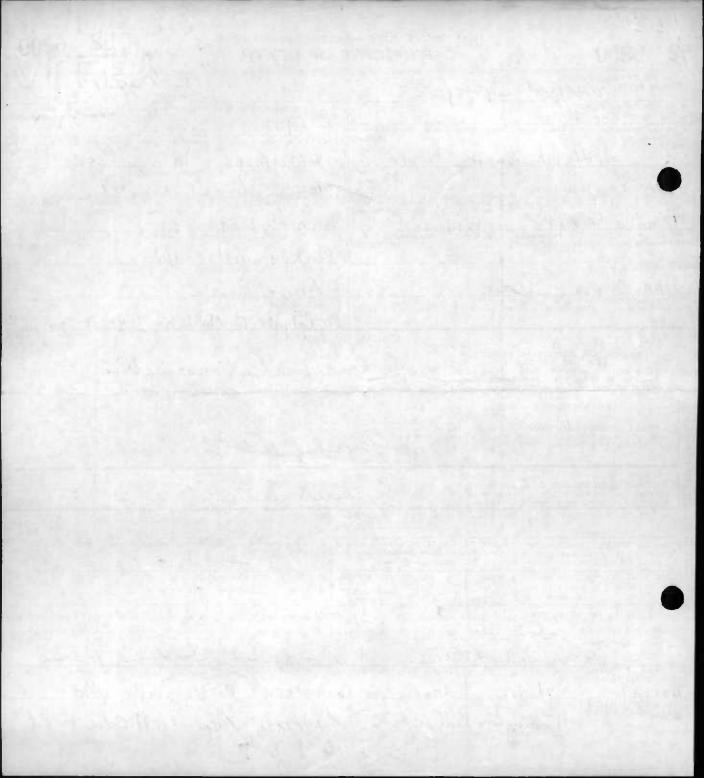
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52	.6200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1		50
(Registered	No.

6200

	or Print)	MARTH)	A WEBS	STER		2. DATE OF DEATH	7/3/50	,
	ACE OF DI	EATH: City, Marylar	nď	THE RESERVE OF	4. USUAL RESIDENCE (W			on: residence efore admission)
B. FU	LL NAME			tion, give street address or location)			Baltin	ume-
	ITUTION	Andlow	h Norman	Have	P L L L	outside corpora	te limits, write li	township)
		11412191	Nursing	92 Yrs.	Daltimore D. STREET ADDRESS (If)	rural, give locat	tion)	ev C
		tay in Baltim		Mos. Days	704 C St.	Sparrow	PH	5300
5. SE	X	6.COLOR OR		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (in ye last birthd	ears If Under 1 Year ay) Months Day	ys Hours: Min.
100	male	CUPATION (Giv	e W	dowed	March 23, 1859	93		
ork dor	e during most o	f working life, even if	retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CIT WH	IZEN OF AT COUNTRY?
13. F.	ATHER'S N	IAME			14. MOTHER'S MAIDEN NA			
Ja	ha O.	41	Price		A CONTRACTOR NA	IME		
15. W	AS DECEASE	D EVER IN U. S.	ARMED FORCEST	16. SOCIAL	Anne Tric	e		
Yes, no	or unknown)	(If yes, give was	or dates of service)	SECURITY NO.	M. O. I. + O. M.	01	ADDRESS	C 3.
18	1/65			CAUSE	Mr. Colgate O. M	Shane	104C St	Parrous F
1.0	400		TION DIRECTLY	CAUSE	OF DEATH		ONS	ET AND DEATH
		LEADING TO		Cestes	ing h. 7: (0, 0:	0	M.	>
	heart failui	re, asthenia, etc.	It means the diseas	e.	and the state of t	ON CACA		•
				i.) DOE 10				
-		ANTECEDENT	CAUSES	(B)				
2	DISEASES	OR CONDITION	ONS, IF ANY, GIVINGE (A) STATING TO	NG -	0.	Δ		
	UNDERLY	ING CONDITI	ON LAST.	(c) Yeu	eralized Certer	iscleros	is	
_								
			CONDITIONS CON			,		7
3			, BUT NOT RELATE		reral Semile	y		
19	A. DATE O	F OPERATION	(198. MAJOR	FINDINGS OF OPER	RATION		20	. AUTOPSY?
5							YES	
. L		ENT WAS UND CONTRIBUTI DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21C. WHERE DID (II	in Baltimore	City, give exac	t location)
2	D. TIME (Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	11420141		m.	WHILE AT NOT WHILE		0		
2	2. I herebi	y certify That	I attended the	deceased from	Kapuary, 1952/to	July 3	, 19 57 that I	last saw the
	eceased al	A 1/	1	and that death occur		/		
2:	BA. SIGNAT	URE	5	2	3B. ADDRESS	1	23c. I	DATE SIGNED
2.44	BURLAL, C	REMA- 24B. D	m. /20	M.D.	O hongwood	Cond	1-3	1-22
	REMOVAL (S)		AIE	24c. NAME OF CEMETE	RY OR CREMATORY 245. LC	CATION (CIT)	town, or county	y) (State)
DATE	PEDELVAI	A PECIS	TRAR'S SIGNATU	111	25. FUNERAL DIRECTOR	Keysvi	le /Va	256
LOTA	REGIST	thu	stington !	Villiams, My.	H. Mears and S	on - 805)	1. Calver	t st
	VS 150		0 * **	4 4 11 1	6107			

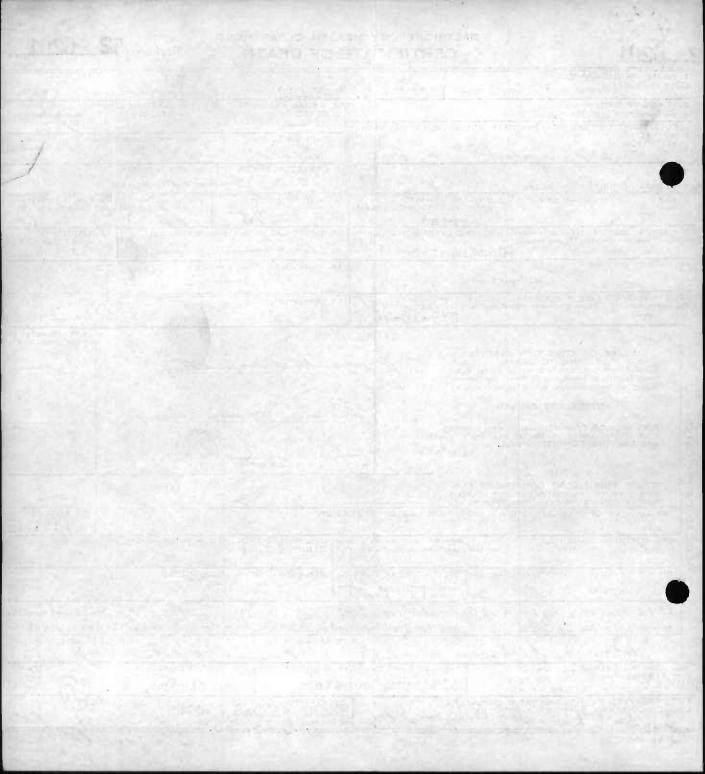


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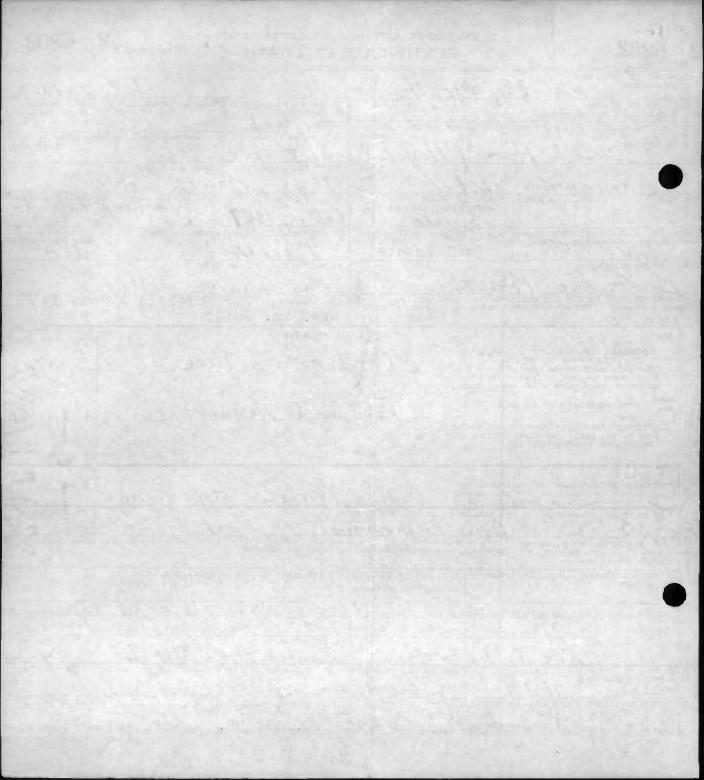
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6201

ь	IKTH NO.								
1.	NAME OF DE		NYZOR) JAMES E.	TAYLOR)		2. DATE OF DEATH	Juzy	11852
	PLACE OF DE Baltimore C	ity, Maryland			4. USUAL RESIDE	NCE (Whe		f institutio	n: residence fore admission)
В.	FULL NAME O	OF (If not in hospit	al or institut	tion, give street address or location)	mal.				
IN	Sitte	1/2 43	- In	' had. In .	C. CITY OR TOWN	(If ou	tside corporate lim	its, write it	township)
1	and the	an voge	6	(Yrs.	D. STREET ADDRES	SS (If rur	al, give location)		
_		ay in Baltimore		56 Mos. Days		E. no	it and		
5.	SEX	6. COLOR OR RACE	7. SINGL WIDOV	MARRIED. VED, STVORCED (Specify)	8. DATE OF BIRTH	9	last birthday)	ff Under 1 Year Ionths Day	Il Under 24 Hours Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of	Mar	ried O OF BUSINESS OR	11. BIRTHPLACE (St	ate or forei	gn country)	1 12 617	ZEN OF
vor!	done during most of	working life, even if retired)		INDUSTRY	Bacter	,	gh country)	WHA	AT COUNTRY
13	FATHER'S N		Contr	acting	14. MOTHER'S MAIL	DEN NAM	E		519
	Joh	n Taylo			W	yman	~		
1.5 Ye	. WAS DECEASE	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	no			219-16-7657	wife		1833	E. ha	ut ane
	18. 420.	1		CAUSE	OF DEATH	75-11		INTE	RVAL BETWEEN ET AND DEATH
	100000000000000000000000000000000000000	E OR CONDITION	TH	nune	eardeal m	1	-		30 min
	heart failur	not mean the mode of re, asthenia, etc. It mea complication which of	ns the diseas	se,		Jane			o mu.
		ANTECEDENT CAUS	SES	P				1	
Z	DISEASES	OR CONDITIONS, 1	FANY GIVII	(B)	rowny the	uom	harp		***************************************
ATI	RISE TO TH	HE ABOVE CAUSE (A)	STATING T	HE DUE TO				200	
L				art	crioselevil	in c	VD		
4	OTHER SI	II IGNIFICANT CONDI	ITIONS CO	(C)					***************************************
E	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED					
_				FINDINGS OF OPER	ATION				AUTOPSY?
S	21A. ACCIDEI	NT. SUICIDE.	218. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE DI	D (If i	n Baltimore City,	give exact	
MED		NT, SUICIDE, (Specify)	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR				
	21D. TIME (I	Month) (Day) (Year)		WHILE AT NOT WHILE	21F. HOW DID	INJURY C	CCUR7		
	22. I herehu	certify that I att	m.	/	July 1952	10 2 6	Tuly 100	23ha+ 1	last saw the
	deceased ali			and that death occur					
	23A. SIGNAT		From		3B. ADDRESS	H	set 0		ATE SIGNED
24	AA. BURIAL, CI	REMA 24B. DATE		24C. NAME OF CEMETER	RY OR CREMATORY	24D. LOC	ATION (City, town	n, or edunty	(State)
u	rial	7/5/5	2 E	Baltimore cer			imore, M	d.	
	ATE RECEIVED		- 1/1/1	haus My	HENRY SANDI		ons, Inc	ADDRE	ss
	VS 150	0	4	4 5 6 9	DALETU & 15,	_MD \	Blevi	. 10a	noth
		No. m		4700	24	/		The pro-	



-	230		BALTI	MORE CITY HI	EALTH DEPARTME	ENT	59	6202
BI	6202 RTH NO.		С	ERTIFICAT	E OF DEATH	Register	red No	UGUG
	NAME OF DECEASE	Daseth	MY	Henry		2. DATE OF DEATH	Tuly 2	1952
	Baltimore City, Ma	aryland			A. STATE	DE (Where deceased live B. COUNT		n : résidence efore admission)
H	FULL NAME OF (I DSPITAL OR STITUTION/	f not in hospital	or institution	give street address or location)		(If outside corporate		CURAL and give township)
	Chur	ch Ho	me 2/	Hospital Yrs.	BALTIMOY D. STREET ADDRESS		n)	-
c.	ngth of stay in I		Life	Mos. Days	2648 1	YASE TR	Ave	5 2 2 2
5.	M 6. COLO	OR OR RACE	7. SINGLE, N	, DIVORCED (Specify)	Oct 10, 188	9. AGE (In yea last birthday		ys Hours Min.
	A. USUAL OCCUPATION done during most of working in		10в. KIND 9 Real	BUSINESS OR INDUSTRY Estate		e or foreign coyntry)	12. CIT WH	IZEN OF AT COUNTRY?
13	FATHER'S NAME	11	11	25 00 00	14. MOTHER'S MAID	EN NAME	1	3/1
	WAS DECEASED EVER	IN U. S. ARMED	FORCES? 1	6. SOCIAL	17. INFORMANT 30	May I teld	Avenus	e 13
(10	n, no or unknown) (IPyes,	give war or dates	or service)	none	Mrs. Wm. G	eidt		
	18. 33/X DISEASE OR C	I CONDITION D	IRECTLY		OF DEATH			RVAL BETWEEN ET AND DEATH
		NG TO DEATH	dying, e.g.,	(A) (Ar	diAc Fai	Jure	Z	Weeks
	injury or complica	ation which ca	used death.)	DUE TO	/			
Z	DISEASES OR CO	NDITIONS, IF		(B) CEYE	boul Her	gorrhage	٦	weeks
ERTIFICATIO	RISE TO THE ABOV	E CAUSE (A)	TATING THE	DUE TO				
IFIC		11		\'\				
CERT	OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE OF	CANT CONDIT	OT RELATED	BeNigN	Prostatic	Hypertro	bhy	
	19A. DATE OF OPER		B. MAJOR F	F.I.	RATION /	2+4	20 YE	AUTOPSY?
EDICAL	21A. CCIDENT WA		21B. PLACI	E OF INJURY (e. f., a, factory, street, office bldg.	in or 21c. WHERE DID			
ME	CAUSE OF DEATH			E. INJURY OCCURF				
	OF INJURY		WHI	LE AT NOT WHILE	9			
	22. I hereby certif	fy that I atte				to 7/2, rom the causes and		I last saw the
	deceased alive on 23A. SIGNATURE	00	, 19 <u>2 -</u> , and	d that death occu	23B. ADDRESS	1 - 9.44		DATE SIGNED
2.	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24B. DATE	(AV	C. NAME OF CEMETI	ERY OF CREMATORY 2	24D. LOCATION (City.	town, or coup	(State)
	burial	7/5/54		t. Carmel	Cemetery 1	Baltimore,	Md. //	
L	ocal registran	REGISTRAR'S	signaturi	Miarus Mis	HENRY SANDER	ROWELSONS, I	NC. ABDR	es
-	VS 150			-/-	6/100	11	/	
				470	the second	V		

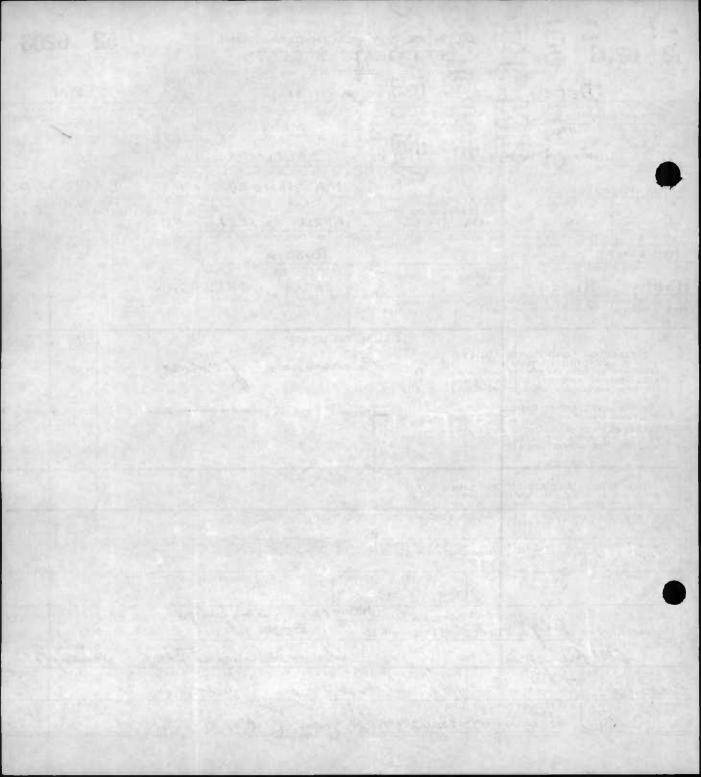


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52	6203

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6203

BIRTH NO.	:03		CERTIFICATE	E OF DEATH	Registere	d No.
1. NAME OF E (Type or Print)	BETTY	KATZ	(Mrs. V	william)	DEATH	-3-52
A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY	. If institution; residence bettere admission)
B. FULL NAME	0 / "	al or instituti	on, give street address or	MARYLAND		-01/
HOSPITAL OR INSTITUTION			location)		outside corporate li	mits, write RURAL and give township)
	union me	morial	Hosp.	BALTIMORE		
c. Length of s	stay in Baltimore		Yrs. Mos. Days	MARYIANDER	APTS.	BALTO. 18, MD.
5. SEX	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH APRIL 5, 1887	9. AGE (in years last birthday)	Months: Days Hours Min.
OA. USUAL OC ork done during most HOUSE WI	CCUPATION (Give kind of t of working life, even if retired)	10в. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	1 0. 9. 7.
HENRY	HIRSH				RESKY	
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown)	(If yes, give war or date	s or service)	SECURITY NO.			10011200
(This doe heart falls	SE OR CONDITION LEADING TO DEA es not mean the mode of ure, asthenia, etc. It mes complication which of	TH of dying, e.g. ins the disease	(A)	of DEATH	ven.	INTERVAL BETWEEN ONSET ANO OEATH
RISE TO	ANTECEDENT CAUSES OR CONDITIONS, INTERPRETATION CAUSE (A)	F ANY, GIVING				
TRIBUTING	II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE				
19A. DATE C	OF OPERATION D	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., in rm, factory, street, office bldg., e	or 21c. WHERE DID (1 to.) INJURY OCCUR?	If in Baltimore Cit	y, give exact location)
210. TIME F INJURY	(Month) (Day) (Year		HILE AT NOT WHILE WORK	D 21F, HOW DID INJURY	Y OCCUR?	
22. I hereb		tended the	deceased from Me	7 (3 , 1957, to for red at 8:009n., from t	he causes and or	that I last saw the the date stated above.
23a. SIGNA	Haugus	ia,		SB ADDRESS Vicenty	at Thorp	20 ME SIGNED
244 BURIAL, FION, REMOVAL (S	Specify) 7-7-	52-1	Mt Cari	uel Gr	OCATION (City, to)	1 1.4
DATE RECEIVE		S SIGNATUI	Williams, M.	ACK BUTTO	100 £100	ADDRESS PL

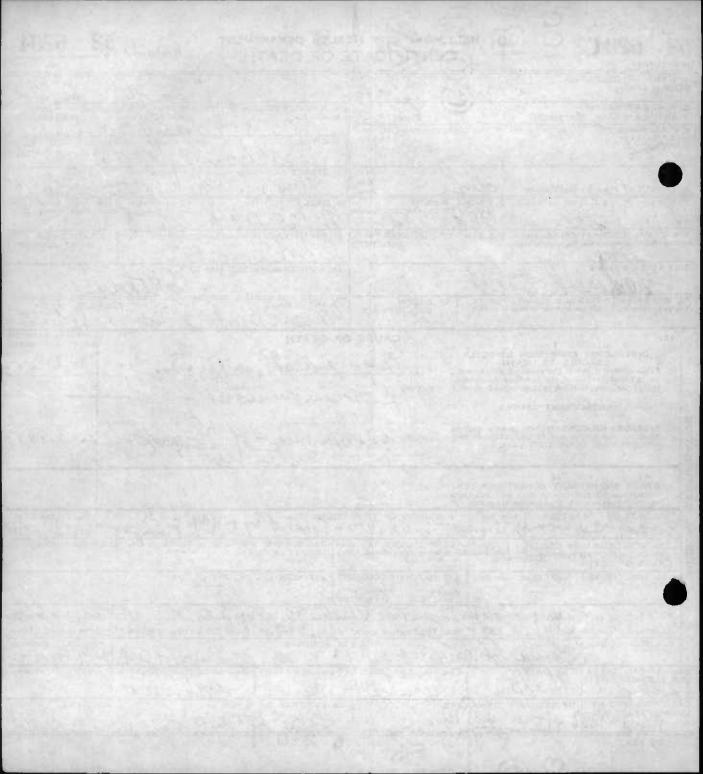


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52	6204
BIRTH	NO.

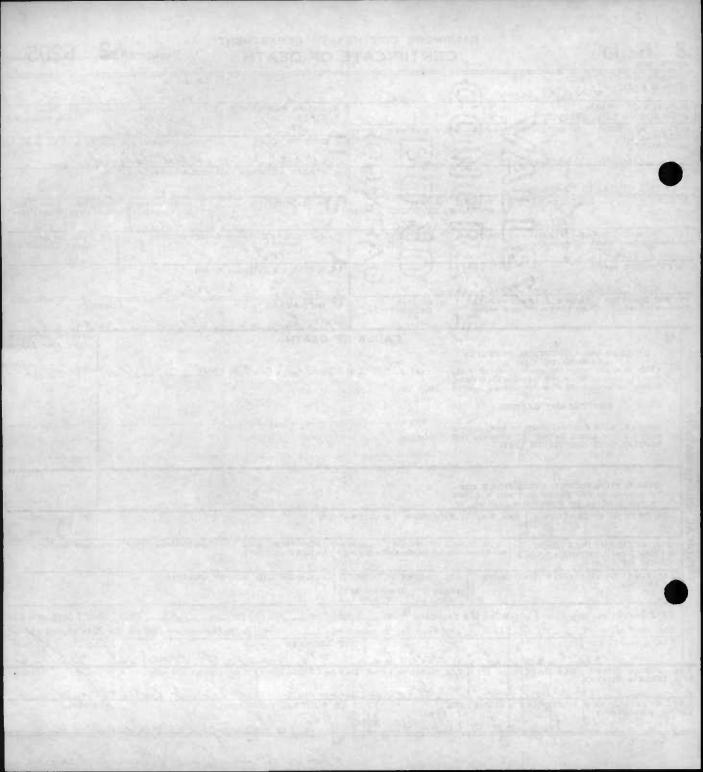
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6204

ВІ	RTH NO.		CEI	A	E OF DEATH		
1. (T	NAME OF Dippe or Print)	ECEASED S	orge	Bick	,	2. DATE OF DEATH	42/52
	Baltimore C	ity, Maryland 7	2508,20	Bourton	4. USUAL RESIDENCE	(Vhere deceased lived, If i	byfore admission)
В.	FULL NAME OSPITAL OR ISTITUTION		al or institution, give	ve street address of location)	105 85.	(If outside corporate limits	d Nul
1	1		00		Bally	now Ma	1 ((() () () ()
	and has a	! D. W	8:10	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	100
c.	Length of St	ay in Baltimore 6.COLOR OR RACE	7. SINGLE, MAI	Days RRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under I Year If Under 24 Hours
1	///.	W.	mars	RRIED. IVORCED (Specify)	14125/180	7 82	ths Days Hours Min.
rorl	done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF E	INDUSTRY	Ballim	40	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		ich		14. MOTHER'S MAIDEN		unor/
15	. WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16.	SOCIAL	170INFORMANT ()	1 199 AD	DRESS HOUTE
,	, ao or daraowa,	fir yest Bire war or dates	or solvice)	SECURITY NO.	Mrs. Elna	eleth Dick o	Kakewood
	18. 16	/ X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION I		Ture	ida soll	10	hue 29/2
Ž	(This does heart failu	not mean the mode of re, asthenia, etc. It mean	f dying, e.g.,	(A)	Calcular Jun	y fi city -	132
ì	injury or	complication which ca	aused death.)	DUE TO Lan	16in moto	uis	
		ANTECEDENT CAUS	ES			4	
0		OR CONDITIONS, IF		(B)	. <	(D)	Mark 105
4	UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LAS	STATING THE I	Car Car	om oma - 07	Laryux-	Marin 1430
2				(0)	Extrust	<u> </u>	
ERTI	TRIBUTING	GNIFICANT CONDITO THE DEATH, BUT I	NOT RELATED				
U		SEASE OR CONDITION F OPERATION 19	OB. MAJOR FINE	INGS OF OPER	RATION - 10	0-10-011	20. AUTOPSY?
A	Biophy	- Car enoun y	Lugar -	Wanh 1950	- Treated by t	That Sugary	YES NO D
(EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- CONTRIBUTING	21B. PLACE O about home, farm, fac	F INJURY (e. g., tory, street, office bldg.,	n or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
2	210. TIME (Month) (Day) (Year)	WHILE A			URY OCCUR?	
h	22 I house		m. WORK	100	106 S 10510.	10 1 105)	(1) 1 1 12
	deceased al	vertify that I att			rred at 1 2 2 m., fro		that I last saw the
Î	23A. SIGNAT		68 1	2	3B. ADDRESS	4 - 4	A30 DATE SIGNED
		Low	1. Jan	м. D.	122 XO. /	enword and	July 2752
TK	BURIAL, CON REMOVAL (S	pecity) 7/5/5	2 2	inity &	DOW .	Saltmin	9
D/ LC	TE RECEIVED	BY REGISTRAR'S	SIGNATURE		25 FUNERAL DIRECTO	OR COMPANY COMPANY	ADDRESS Q024
_	JUL 3 •	1344 Thurtes	iglor Will	inus My	I neg Heu	vigous O	wanson
	V3 130		And the Cont	Tagist	Cu lui la	V	3 /



	65	3'					3
-0	0000	_	BAL	TIMORE CITY HE	EALTH DEPARTMENT	V	2 6005
BI	RTH NO.)	(CERTIFICATI	E OF DEATH	Registered	6 6205
	NAME OF Di	<u></u>			0	2. DATE OF H	15-
	PLACE OF D		0 / 1	ESLIE	4. USUAL RESIDENCE (
В.	FULL NAME	city, Maryland OF (If not in hospit	al or institution	on, give street address or	A. STATE	Carrol	before admission)
	STITUTION	+	11	location)	c. CITY OR TOWN (I	f outside corporate limit	s, write RURAL and give township)
3	- ru	neversely	Hosp	relat. Yrs.	o. STREET ADDRESS (I	f rural, give location)	ndsor
c.	Length of st	tay in Baltimore		Mos. Days		5600	
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of f worklog life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	1-ain	ter		CONTI	md		WHAT COUNTRY?
13	FATHER'S N	ME ST.		1	14. MOTHER'S MAIDEN N	NAME	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	orlon	DDRESS
(Yes	, no or nnknewn)	(If yes, give war or date	of service)	SECURITY NO.	m. Da C	799e W:	DDRESS
	18. 16	~ X		William Co.	OF DEATH	and the same	INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	ГН	R	· C ·) . 0.	1120 41
	heart fallu	not mean the mode of re, asthenia, etc. It mea complication which of	ns the disease,		hogenec Caremo	ma, right en	d 7 moness
		ANTECEDENT CAUS	The state of the s	DOE 10			
z		OR CONDITIONS,		(B)		***************************************	
ATION	RISE TO TE	HE ABOVE CAUSE (A)	STATING THE				
)				(C)		***************************************	
RTIF	OTHER S	II IGNIFICANT CONDI	TIONS CON-				
빙	TRIBUTING	TO THE OEATH, BUT	NOT RELATED				
7	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICA		ENT WAS UNDER-	218. PLAC	CE OF INJURY (e. g., in	a or 21c. WHERE DID	(If in Baltimore City,	give cxact location)
MEL	LYING OF	CONTRIBUTING DEATH	about home, fa	rm, factory, street, office bldg., s	tc.) INJURY OCCUR?		
	210. TIME (Month) (Day) (Year)		1E. INJURY OCCURR		Y OCCUR?	Timble steel
			m.	WORK AT WORK		710	
	dcceased al	y certify that I att		leceased from and that death occur	4/ , 19 5, to		that I last saw the he date stated above.
	23A, SIGNAT		1 0		38. ADDRESS	the causes and on the	23c. DATE SIGNED
	A. BURIAL, C	REMAN 24B. DATE	6.0	AC. NAME OF CEMETE	Universe	t Nospita	or county) (State)
TIC	N. REMOVAL (S	pecify)	2 100	4C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	(State)
DA	TE RECEIVE	BY REGISTRAR	S SIGNATU	RE,	25. FUNERAL DIRECTOR	mo (so r	ADDRESS
L.C	JUL 3	1952 Hunti	nator 1	Velliaus, Mis	(D. D. of Kan)	Lew & Su	us
	VS 150		0 0	66421	30000	1 01	, b .
				0121	you Wind	Leur Yolm	in Bridge



-	100							
	52 6	206	BAI	CERTIFICAT		MENT Regi	stered No 52	6206
BII	ATH NO.	6672	87					
	NAME OF D	DECEASED	ma	ld Kir	win E	2. DATE OF DEATH	Terly:	3.1912
	PLACE OF D Baltimore (City, Maryland	Old.	HPW 2	4. USUAL RESIDE	NCE (Where decease		n : residence efpre admission)
HC	FULL NAME	OF (If not in hosp	ital or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corpo	prate limits, write R	IIRAL and give
IN	STITUTION	JOHNS HOP	KINS HOS	SPITAL	13	altim	re, 6	township)
	anoth of a	stay in Baltimore		Yrs. Mos.	D. STREET ADDRE	SS (If rural, give lo	cation)	1300
	SEX	6.COLOR OR RACI		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (Ir	years if Under I Year hday Months Day	It Under 24 Raus
2	Male	While	1	(ED, DIVORGED (Specify)	1-9-	4/ 5		ys Hours Min.
vork	A. USUAL OC done during most	CUPATION (Give kied of working life, even if retire	of 198. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country		IZEN OF AT COUNTRY?
13.	FATHER'S	NAME	50	1	14. MOTHER'S MAI	DEN NAME	1 5	0
15. (Yes	WAS DECEASE	ED EVER IN U. S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ma	ADDRESS	1
(200	2001 0222012)	(21)01 8110 111 11	01 201 7200)	SECURITY NO.	JOHOL	AS HODKING H	OCDIT & E	
	18. 58	7.21		CAUSE	OF DEATH			RVAL BETWEEN
		SE OR CONDITION LEADING TO DE. not mean the mode	ATH	Con	tic Tile	roses HI	ancrea	Dince Tritle
	heart failu	re, asthenia, etc. It me complication which	ans the diseas	e. //				***************************************
		ANTECEDENT CAL	SES					
NOIL		S OR CONDITIONS.			***************************************	•••••••••••		•••••••••••••••••••••••••••••••••••••••
F		THE ABOVE CAUSE (A		(C)				
띹.		2.1		(0)				***************************************
ERT	TRIBUTING	SIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
7				FINDINGS OF OPER	ATION		20	. AUTOPSY?
<u>V</u>	21A. ACCID	ENT WAS UNDER-	21B. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE D	D (If in Baltimo	ore City, give exac	
MEDI		R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	injury occur			
	21D. TIME	(Month) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY OCCUR?		
R	22 77 -7		m.	WORK AT WORK		7-3-	.60	
	deceased a	by certify that I a line on $3-3-$		and that death occur	23 , 15 m	from the causes of	, 1925, that I	last saw the
	23A. SIGNA	ā	Der		38. ADDRESS INS			ATE SIGNED
24	A. BURIAL.	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (C	City, town, or county	
7	wwel	17/6/	52	LOVEAIN	re Park	Balto	V	no
	TE RECEIVE		R'S SIGNATU	Al'11.	25. FUNERAL DIRE	Funinal	H- THOSI	
	VS 150	1997 Times	To E	Villaura-, My	6 2 0	2	11 100011	
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No 2 6207 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF T. ILL IAN GEORGE July 3, 1952 M _ DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location' c. CITY OR TOWN (If outside corporate fimits, write RURAL and give INSTITUTION Baltimore. St. Joseph's Hospital o. STREET ADDRESS (If rural, give location) Mos. 60 yrs.Days c. bength of stay in Baltimore 528 Richwood Avenue - 12 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years | | Under I Year | If Under 24 Hours | Months Days | Hours | Min. nav 30 - h Widowed Femala White II. BIRTHPLACE (State or foreign country) IOA. USUAD OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jackkeeper W. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) INTERVAL BET 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hepatic Insufficiency (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Biliary Obstruction CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO 1952 Chol edocho tomy June 23 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? FINJURY NOT WHILE WHILE AT AT WORK L 22. I hereby certify that I attended the deceased from June 18, 1952 to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 1:458 m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE July 3,1952 1400 N. Caroline Street - 13 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR uck VS 150

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52	6208

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.2

CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE EDWARD HENRY LOISELLE DEATH July 2, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits write HURAL and give INSTITUTION 5109 Hillburn Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5109 Hillburn Avenue c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. male white Oct. 12,1864 married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retried Traveling New Hampshire balesman, ladies 13. FATHER'S NAME BAI'MEN LSMOTHER'S MAIDEN NAME Edward Loiselle Rose Bengerman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yea, give war or dates of service) SECURITY NO. Mrs. Minnie L. Loiselle, 5109 Hillbur 18. CAUSE OF DEATH INTERVAL BETWEEN 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE ATT WORK AT WORK 22. I hereby certify that I attended the deceased from. 19. I that I last saw the 7. 10/m., from the causes and on the date stated above. deceased alive on_ 2 19 and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B DATE 24D. LOCATION (City, town, or equity) 24c. NAME OF CEMETERY OR CREMATORY (State) Oakland Cemeterv Oakland, New Jersey DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Ruck, 5305 Harford Road

6958 31 Erdinon and Dr. Stevens THE STATE OF

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

racionis 218. PLACE OF INJURY (e. g., ln or

ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

21c. WHERE DID (IF I-

YES X (If in Baltimore City, give exact location)

CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE

REGISTRAR'S SIGNATURE

6-30 1952 to 7-3 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ 19 52 and that death occurred at to 1, m., from the causes and on the date stated above. deceased alive on_

23 SIGNATURE

238. ADDRESSINS HOPKINS HOSPITAL

23c. DATE SIGNED

(State)

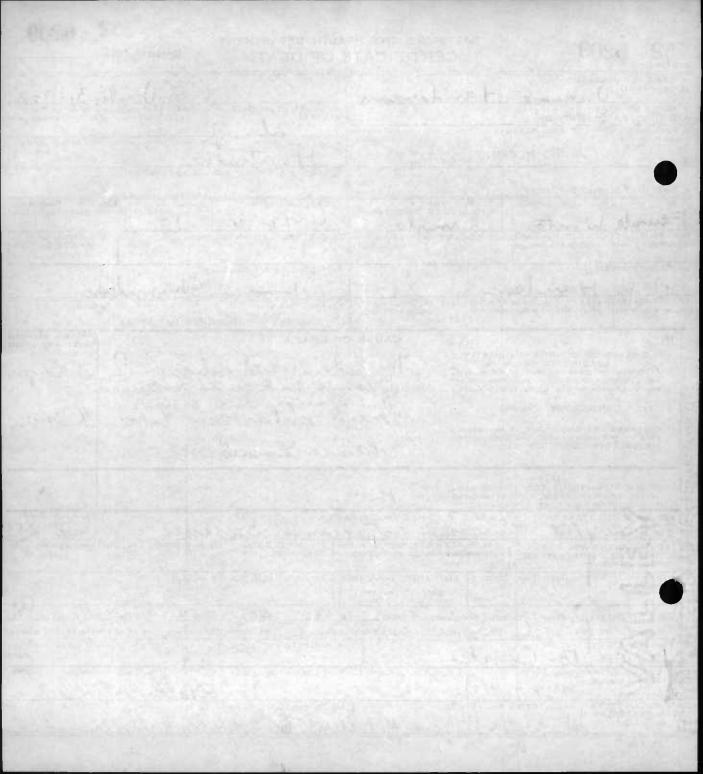
20. AUTOPSY

24A. BURIAL CREMA 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR ADDRESS

VS 150

DATE RECEIVED BY

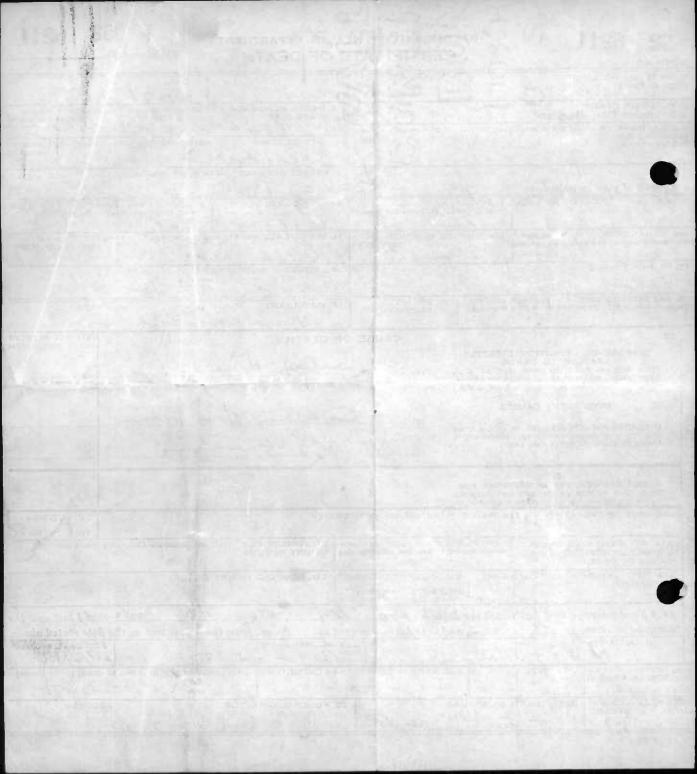


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

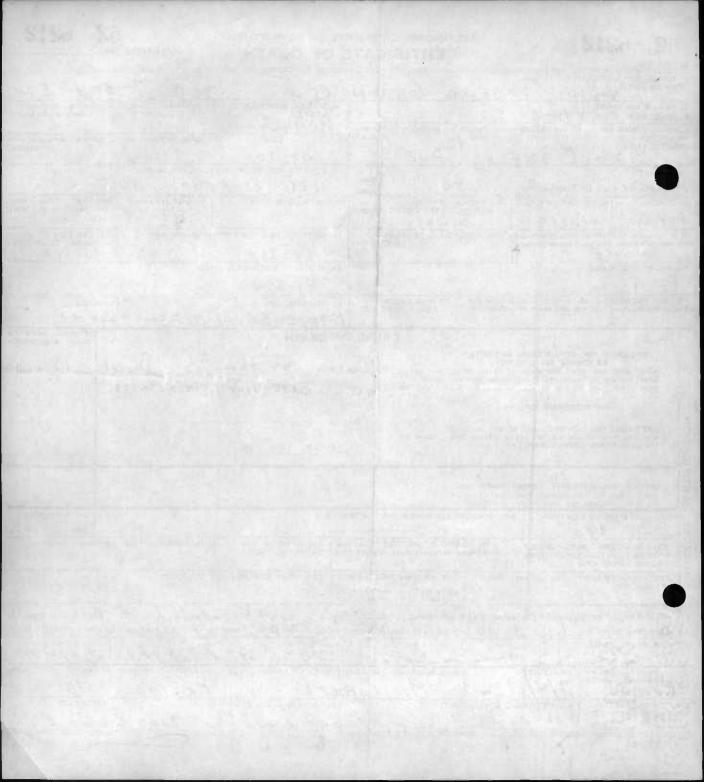
52 6210

6210 52 Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Jeannie J. Bloom DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. Minstitution: residence A Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION maryland D. STREET ADDRESS (If rural, give location) Yrs. Alameda c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | M Undot I Year | H Undet 24 Hours last birthday) | Months Days Hours Min. 5. SEX 6. COLOR OR RACE 9. AGE (In years) arried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Honsewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowu) (If yes, give war or dates of service) SECURITY NO. 18. 330 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION DICAL 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WORK 22. I hereby certify that I attended the deceased from July _____, 1957 to_ , 19 52 that I last saw the _, 19 5 and that death occurred at 9:30 Pm., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED general Hospilal manuland 24c. NAME OF CEMETERY OF CREMATORY 25, FUNERAL DIRECTOR

The state of the s



m V	051						
	52 6	212	BAL	TIMORE CITY HE	EALTH DEPARTMENT		2 6212
PIE	TH NO.	C: 3,1-v		CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF D					2. DATE	
(Ту	pe or Print)	VIVIAN K	EBECC	A GREEN		OF /~	3-1952
	Baltimore (City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution ; residence before admission)
HO	SPITAL OR	OF (If not in hospit	tal or institut	ion, give street address or location)		outside corporate limite	s, write RURAL and give
INS	$\frac{3}{2}$	6 OAKI	-0 RD	AUE	Balto.	27.	township)
c	angth of s	stay in Baltimore		Yrs. Mes. Decys	2121 6.1	rural, give location)	5
5. S	FMALE	WHITE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) LN9LE	8. DATE OF BIRTH	9. AGE (In years Molast birthday) Mo	Under 1 Year II Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S				14. MOTHER'S MAIDEN N	AME	
	OUIS				ANNA		
	WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
					ISRAEL GREEN	BER9-	SAME
	18. /-	70 X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		0	1. 1.	1010	4 10 14
		s not mean the mode ure, asthenia, etc. It me	of dying, e.		rea or the	YELL INFO	T 10 MONTE
	injury or	complication which	caused death		L Extensive	Metastoses	
	injury or	complication which		L) DUE TO	L Extensive	Metas tases	
NO	DISEASE	ANTECEDENT CAU	SES	(B)	- L Extensive	Metastases	•
ATION	DISEASE	ANTECEDENT CAU	SES	(B)	-h Extensive	Metas to ses	•
FICATION	DISEASE	ANTECEDENT CAU	SES	(B)	h Extensive	Metas to ses	•
RTIFICATION	DISEASE RISE TO T UNDERL	ANTECEDENT CAU	SES IF ANY, GIVII STATING TI AST.	(B)	- h Extensive	Metas to ses	•
CERTIFICATION	DISEASE RISE TO 1 UNDERL	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND G TO THE DEATH, BUT	SES IF ANY, GIVII STATING TO AST. ITTIONS CON NOT RELATI	(B)	- L Extensive	Metas to ses	•
CERTIFICATION	DISEASE RISE TO T UNDERL OTHER S TRIBUTING	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	SES IF ANY, GIVII STATING TI AST. ITTIONS COI NOT RELATI	(B)		Metas to ses	20. AUTOPSY?
	DISEASE RISE TO 1 UNDERL OTHER S TRIBUTINI TO THE E	ANTECEDENT CAU	SES IF ANY, GIVII STATING THE AST. ITTIONS CONTROL NOT RELATING CAUSING 198. MAJOR	(B)	RATION		20. AUTOPSY? YES NO
EDICAL	OTHER STRIBUTION TO THE E	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	SES IF ANY, GIVII STATING THAST. ITTIONS CONTROLATION CAUSING 19B. MAJOR 21B. PL.	(B)	RATION	Me to s to ses	20. AUTOPSY?
	OTHER STRIBUTION TO THE E	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION DEATH (Month) (Day) (Year	SES IF ANY, GIVII STATING TI AST. ITTIONS COI NOT RELATI CAUSING 19B. MAJOR 21B. PL. about home,	(B)	ration in or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, 1	20. AUTOPSY? YES NO
EDICAL	OTHER STRIBUTION TO THE COLUMN	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION DEATH (Month) (Day) (Year	SES IF ANY, GIVII STATING TI AST. ITTIONS COI NOT RELATI CAUSING 19B. MAJOR 21B. PL. about home,	(B)	RATION in or 21c. WHERE DID (otc.) INJURY OCCUR? EED 21F. HOW DID INJUR	If in Baltimore City, 1	20. AUTOPSY? YES NO
EDICAL	OTHER STRIBUTION TO THE COLUMN	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION NO N & DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year by certify that I at	SES IF ANY, GIVII STATING THE	(B) (B) (B) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (etc.) INJURY OCCUR? ED 21f. HOW DID INJUR	If in Baltimore City, and the Country occurs.	20. AUTOPSY7 YES NO X give exact location)
EDICAL	OTHER STRIBUTION TO THE COLUMN TO THE COLUMN TO THE COLUMN TO TIME SET INJURY	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ON A C DEATH (Month) (Day) (Year by certify that I at live on July 3	SES IF ANY, GIVII STATING THE	(B) (B) (B) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (oc.) INJURY OCCUR? EED 21f. HOW DID INJUR 24 19570 rred at 7:15 p.m., from	If in Baltimore City, and the Country occurs.	20. AUTOPSY7, YES NO X give exact location) That I last saw the date stated above
EDICAL	OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRIPT	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION NO N C DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year by certify that I at tilive on July TURE	SES IF ANY, GIVII STATING THE	(B) (B) (B) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (oc.) INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 7.15 pm., from 123B. ADDRESS	If in Baltimore City, and the causes and on the causes and on the causes and the causes are causes are causes and the causes are causes are causes and the causes are cau	20. AUTOPSY7 YES NO X give exact location)
MEDICAL	OTHER STRIBUTION TO THE COLUMN	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION NO N C DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year ON CETTIFY that I at Live on The Contract of	SES IF ANY, GIVII STATING THE	(B) (B) (B) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (1) in or 21c. WH	If in Baltimore City, and the Country occurs.	20. AUTOPSY? YES NO X Zive exact location) That I last saw the date stated above 23c. DATE SIGNED
MEDICAL	OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRIPT	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) THE ABOVE CAU	SES IF ANY, GIVII STATING THE	(B) (B) (B) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (1) in or 21c. WH	If in Baltimore City, 1 Y OCCUR? Lucky 3, 195 the causes and on the	20. AUTOPSY? YES NO X Zive exact location) That I last saw the date stated above 23c. DATE SIGNED
MEDICAL	OTHER STRIBUTION TO THE COLUMN	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year OF CERMAL 24B. PATE Specify) THE	SES IF ANY, GIVII STATING THAST. ITTIONS CONTRIBUTED TO THE STATING THAST. ITTIONS CONTRIBUTED TO THE STATING THAST. ITTIONS CONTRIBUTED TO THE STATING THAST. ITTIONS CONTRIBUTED TO THAST. ITTIONS CONTRIBUTED TO THE STATING THAST. ITTIONS CONTRIBUTED	(B) (B) (B) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (oc.) INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 27red at 7:15 pm., from 23b. ADDRESS 1020 St. ERY OR CREMATORY 240. L	If in Baltimore City, and the causes and on the Court of	20. AUTOPSY? YES NO X Zive exact location) That I last saw the date stated above 23c. DATE SIGNED



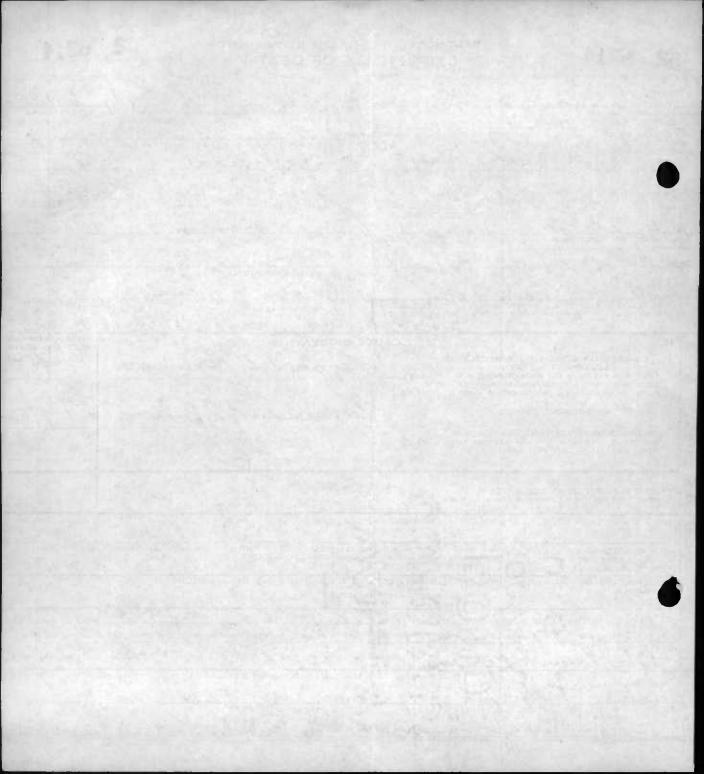
200		
EQ 2942	ALTIMORE CITY HEALTH DEPARTMEN	
BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) GEORGE M. LEE	KE	2. DATE JULY 3,1952
A. Baltimore City, Maryland Baltim	ORR MANY AND A. STATE	(Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	1	(If outside corporate limits, write HURAL and give
JENKINS Mem. Ho	12.02	() A (township)
SENTINS THEM. 10		If rural, give location)
c. Length of stay in Baltimore	Mos. Bays 3075, Fina	when town Rd
5. SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. 8. DATE OF BIRTH	9. AGE (In years) # Under 1 Year 1 Under 24 Hours last birthday) Months: Days (Hours: Min.
m. w. 5	ingle DEC. 28, 1889	62
work done during most of working life, even if retired)	ID OF BUSINESS OR 11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUNTRY
LABOREN PL	ATE GLASS HOWARD COUNTY	- Maryland. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	margaret	(/well
Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT 212-05-3621 My Mary Mary	Donald 411 Di Chester 1
18. 420.0	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Y	ONSE! AND DEATH
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	E. (A) COROMARY Ihrambo	SIS
injury or complication which caused dea		
ANTECEDENT CAUSES	(B) Arterioscleratic HEM	t D:
O DISEASES OR CONDITIONS, IF ANY, GIV	(B) HITTERIOSCIPPOTIC HEM	O SISENSE
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO	(6)	
TRIBUTING TO THE DEATH, BUT NOT RELA	TED YANKING SAN CING	
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERATION	20. AUTOPSY?
SAL		YES NO X
HOMICIDE (Specify) about home	_ACE OF INJURY (e. g., in or 21c. WHERE DID e,farm,factory,atreet,officebldg.,etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
ZID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F, HOW DID INJU	RY OCCUR?
m,	WHILE AT NOT WHILE WORK AT WORK	
22 I hereby certify that I attended th		, 19, that I last saw the
deceased alive of 19	, and that death occurred at 12:25 m., from	
23A. BIGNATURE	238. ADDRESS	23C. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE	M. D. J. JANA STANDAY 24C. NAME OF CEMETERY OR FREMATORY 24D.	LOCATION (City, town, or county) (State)
24A. BURIAL, CREMA. 21B. DATE TION, REMOVAL (Specify)	AL T	2 of the
DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	Illiams, Mor John D. B. 2	les
	mann in the min	
VS 150	47031	

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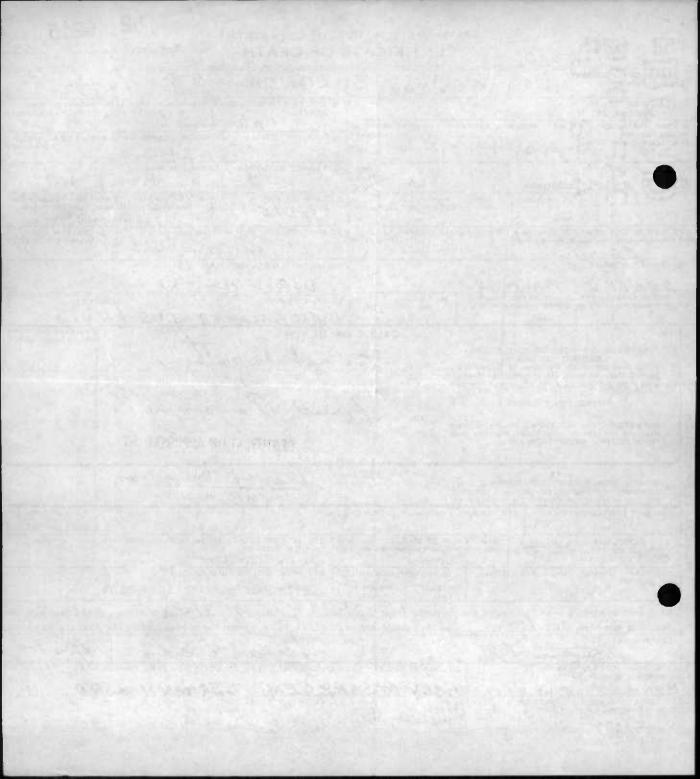
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ERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deccased fived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION anare (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 9. Ade (in years | 11 Under 1 Year | 11 Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) namura IOA. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of worklog life even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowe) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknowo) SECURITY NO 14- 3-13203 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that I attended the deceased from , that I last saw the 19 and that death occurred the .m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS M. D 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) aunty DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



4	26.					59	00:-
	50 6	945	BAI				6215
ВІ	RTH NO.	51-03306		CERTIFI	CATI	E OF DEATH Registered No.	
	NAME OF E	Dov	MA	JEAN	3	ALAKER 2. DATE OF T/2	152
	Baltimore	City, Maryland	See N			4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
В.	FULL NAME		al or institut	ion, give street a	ddress or		-07
	STITUTION	SINAI	110		,	C. CITY OR TOWN Ulf outside corporate limits,	vrite RURAL and give township)
				• •	Yron	D. STREET ADDRESS (If rural, give location)	0 1
c.	agth of s	stay in Baltimore		16	Mos.	#31 S. Ann	な りナ.
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED	(Specify)	8. DATE OF BIRTH 9. AGE (in years illuments) Monti	ns Days Hours Min.
	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KINE		S OR DUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S					14. MOTHER'S MAIDEN NAME	
	EDWA		AKER			DORIS MAJKA.	\/_
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT ADD	PRESS
_	1/0	_		NONE		DORIS BALAKER 315 AM	INTERVAL BETWEEN
CATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA'S not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH If dying, e. 1 In the disease Reaused death SES F ANY, GIVING STATING TH	(B)	٤.	certification approved by	ONSET AND DEATH
Ē						P HA	
RT		II SIGNIFICANT CONDI S TO THE DEATH, BUT				Stanly & Okulach M.O.	
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	т		CHIEF OR ASST. MEDICAL EXAMINER.	
7	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS O	F OPER	RATION	YES NO
MEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURGEMENT ACE OF INJURG	Y (e. g., i	31 S. Ann Street	
	OF INJURY	(Month) (Day) (Year)		21E. INJURY O			
		1952	m.	WHILE AT N	OT WHILE		
		by certify that I att				/2/5×,19 , to 7/2/5×,19 ,	
	deceased a		<u>, 19</u>	and that deal		rrcd at 11 9 m., from the causes and on the	aate staten above. 235. DATE SIGNED
		Seon /	Tare	eres 1	м. р.	Jevai Dosp	67/3/52
24 TI	A. BURIAL, ON, REMOVAL (CREMA- 24B. DATE		24C. NAME OF	CEMETE	RY OR CREMATORY 24D. LOCATION City, town, or	county) (State)
_	BURIA	L JULY 4	1953	HOLYIS	POSA	RY CEM, GERMANHILL	RD. MD.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
7	UL 4 - 18 VS 150	52 1 1 miles	grow !	Tunaun,		Wiffel 1000 4/800 F 40.	MBARD ST.
	VS 150	N-966.0	1	2 27	m-B		



Ka	36					*	
5	BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH Registered No					6216	
BIRTH NO. 52-14184 CERTIFICATE OF DEATH Registered No.							
	1. NAME OF DECEASED (Type or Print) BABY GIRL CARTEN				3	OF DEATH	24/52
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
В.	FULL NAME		pital or institut	ion, give street address or	MARYLAND	Bast	terore admission;
II.	OSPITAL OR			location)		f outside corporate limits	
	UTHER	AN HOSP	ITAL	OF MD.	BALTIMORE		FULLER TOAL
40.	Length of s	tay in Baltimore	4hrs.	15 min, Mac.	D. STREET ADDRESS (If rural, give location) NONE		
17000000	SEX	6. COLOR OR RAC		E. MARRIED.	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours
	1-	W		VED, DIVORCED (Specify)	6/24/52	last birthday) Mon	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retire	of 108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
		ANT	-	INDUSTRY	MARYLAND		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN NAME		
	JAMES	WESLE	Y CA	RTER	CAROLINE REBECCA FLOYD		
15 (Ve	. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	AE	DDRESS
(10	no	(2. 360; give war or d.	aces of service)	SECURITY NO.	MOTHER	FULLER	TON, MI)
	18. 7 -	1/ /		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	N DIRECTIV				ONSET AND DEATH
		LEADING TO DE	ATH	(A)	REMATURITY	-2162 1202	4 hs 15 mi
	heart failt	ire, asthenia, etc. It m complication which	eans the diseas				
	mjury or			.) DUE TO			
7		ANTECEDENT CAUSES					
ō		S OR CONDITIONS			***************************************	•••••••••••••••••••••••••••••••••••	
A	UNDERL	THE ABOVE CAUSE (YING CONDITION	LAST.	HE DUE TO			
ERTIFICATION							
E	OTHER	II SIGNIFICANT CON	DIFICULT	(C)		***************************************	
E	TRIBUTING	TO THE DEATH, BU	T NOT RELATE	ŁD .			
U .		F OPERATION		FINDINGS OF OPER	ATION	***************************************	20. AUTOPSY?
A		7					YES NO
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, g	ive exact location)
Σ	21p. TIME	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY			WHILE AT NOT WHILE			
	00 7 7		m.	WORK AT WORK	24 . 67 1	11-110 201	2
deceased alive on June 24, 1952, and that death occurred at 2:02 Pm., from the causes and on the date :					that I last saw the		
	234 SIGNA		T, 1952,		3B. ADDRESS	the causes and on th	23c. DATE SIGNED
	1	in S.1	Jaly	¥ 5	hutheren Koso	I md	6/25/50
24	A. BURIAL,	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or eounty) (State)
116	ON, REMOVAL (S	specify)		JOHN HOPKIN	S MEDICAL SCHOOL JUN 3	0 1952	
	ATE RECEIVE		R'S SIGNATE	RP I	25. FUNERAL DIRECTOR	- as Wanith	ADDRESS
"	LOCAL REGISTRAR Huntington Williams, Mer.						
=	VS 150	J-J/s	0 1 4	. 5 60 40	0 6	No. of	
1					One I M.	and Buston 1	

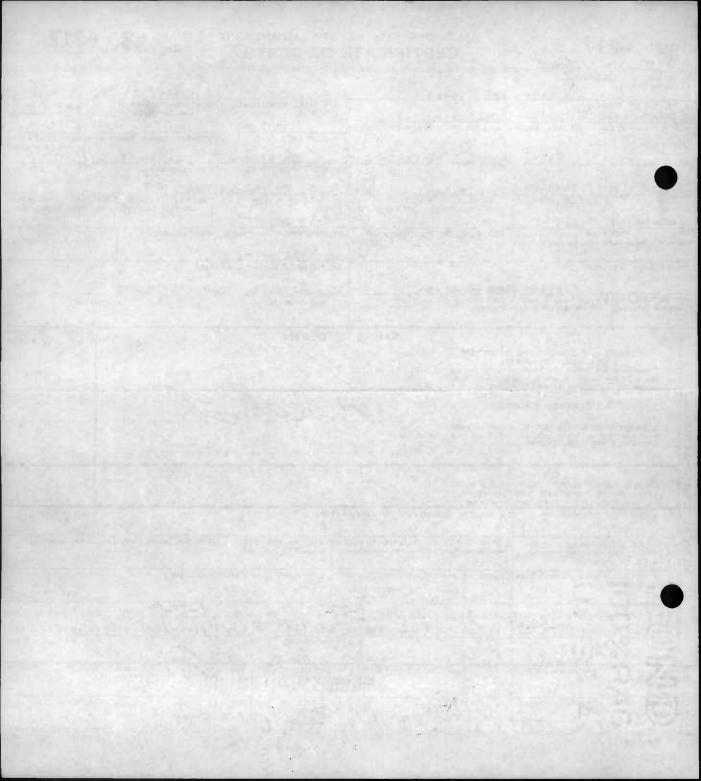
TATUTAL PROPERTY AND THE PROPERTY AND ADDRESS OF A HITARO TO ATACHMEND

-0 0047	
BIRTH NO. 52-14	243
1. NAME OF DECEASED (Type or Print)	* *

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6217

•	NAME OF D	ACCEASED.				La DATE	
	pe or Print)					2. DATE OF DEATH June 2	E 1052
9	PLACE OF D		Girl Ra	858	4. USUAL RESIDENCE (
		City, Maryland	Sinai	Hospital	A. STATE	B. COUNTY	before admission)
	TULL NAME	OF (If not in ho		tion, give street address or	Maryland	BA	Llu
	SPITAL OR			location)	c. CITY OR TOWN (1	f outside corporate limits	
IN	SITIUTION	Q4ma	Hannita	2 Dalla Tan	B-144mana	mi 111	township)
-		9 11181	MOSTOLVS	1 of Balto Inc	D. STREET ADDRESS (If	rural give location)	e at the same
				Mos.	D. STREET ADDRESS (II	- Turan, give location)	decil "
-		stay in Baltimor	The state of the s		36 Hawthorne		- 93227
5.	SEX	6. COLOR OR RA		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year If Under 24 Hours ths: Days Hours Min.
19	emale	White	WIDOV	VED, DIVORCED (Specify)	Two 05 1050	last birthday) Mor	Iths Days Hours Min.
		CUPATION (Give kin	Mati 10a KINI	O OF BUSINESS OR	June 25, 1952	oreign country)	I2. CITIZEN OF
rock	done during most	of working life, even if reti	red)	INDUSTRY		,	WHAT COUNTRY?
					Baltimore, Me	a.	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	SELECTION OF SERVICE S
		Wanna					
	WAS DESEAS			Rassa	noselyn Mar	ie Pennington	
(Yes	mas Deceas	ED EVER IN U. S. AR		16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DRESS
				020011111111			
-1	10 00			CALICE	OF DEATH		(INTERVAL BETWEEN
- }	18. 76	211		CAUSE	OF DEATH	^	ONSET AND DEATH
	DISEA	SE OR CONDITIO			11/1/201		
	(This does	LEADING TO D	eath de of dving, e.	g., (A)	telleran	4	
- 1	heart failt	ure, asthenia, etc. It	means the diseas	se,		7	
	injury or	complication which	n caused deat	h.) DUE TO	1.		
		ANTECEDENT CA	AUSES	10/	10101		- 1 0 0 0 0 0 0 0 0 0
z				(8)	ull aque		
ō		S OR CONDITION		NG			
FI		THE ABOVE CAUSE YING CONDITION		HE OUE TO			
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F	OTHER	II COL	UDITIONS				2 0 1 5 2 1 1 1 1
띪		GIGNIFICANT COL					
Ö		DISEASE OR CONOIT					
	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	PATION		20. AUTOPSY?
41		V	ESPA INC.				YES NO X
EDICAL	214 ACCU	DENT WAS LINES	218 PI	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	If in Baltimore City, g	ive exact location)
╗		DENT WAS UNDER		farm, factory, street, office bldg.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
빌	CAUSE OF	DEATH					
~		(Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	m. work AT WORK						
	22. I herel	by certify that I	attended the	deceased from 6-	25-52 19 to	0-25-52, 19	, that I last saw the
	deceased a				rred at 7:25 PM, from	the causes and on th	e date stated above.
	23A. SIGNA		11		38. ADDRESS A	/	23c. DATE SIGNED
	//	1111111	11 Alda		/ //11/A X	1 1 X /	
2.1	A AUDIL	CREMA 242 DA	- // //	M. D.	BY AB CREMATORY 1 340	OCATION (City form	or county) (State)
	N, REMOVAL		-	MILL OF CEMETE	RY OR CREMATORY 240. I	N 3 () 1050	or county) (crate)
				JUHN	HOPKINS MEDICAL SCHOOL J	WN 3 0 1952	
DA	TE RECEIVE	D BY REGISTR	AR'S SIGNAT	URE'.	25. FUNERAL BIRECTOR	Hanlth	ADDRESS
LC	CAL REGIST	TO A D	tington	Williams Met	CONTROL STATES OF	an Gould	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	11 4-19	52 1 1/400	The same of the sa	· · · · · · · · · · · · · · · · · · ·			100
~	VS 150		0	19 40 MA			
		N/ a			Black Band Wall Brown		



39-6 BALTIMORE CITY HE	EALTH DEPARTMENT 52	6218
BIRTH NO. 52-14075 CERTIFICATI	E OF DEATH Registered N	Го
1. NAME OF DECEASED BABY BOY EDGAR	2. DATE OF DEATH	24" 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland BAFULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits	s, write RURAL and give township
Yrs. Mos.	D. STREET ADDRESS (If rural, give ocation)	F2 EL
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)		Under I Year II Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of mork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	TIMINO 1906 TI BIRTHPLACE (State or foreign country)	12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MADEN NAME	W. D. W.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AIR	DDRESS
1 / / 0 . 0 1	Throblostos i Jetolis	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
218. PLACE OF INJURY (e. g., in Lying Or Contributing about home, farm, factory, street, office bidg., e		rive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI		
22. I hereby certify that I attended the deceased from Judeceased alive on June 24, 1952, and that death occur	red at 6 Pm., from the causes and on the	that I last saw the date stated above
William Pinglehart M.D.	Hosh. for Women 2 led.	6/24/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	THE COURSE OF THE PARTY OF THE	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Hagiti	ADDRESS

1-2			p
5	6219 BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTI	" I CERTIFIC	ATE OF DEATH	Registered No.
1. NA	ME OF DECEASED		2. DATE (
(Type	or Print) Baby Boy Wil Kowsky	i	DEATH June 26,1952
	Itimore City, Maryland	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If institution; residence B, COUNTY before admission)
B. FU	L NAME OF (If not in hospital or institution, give street add	ress or Maruland	
	TAL OR loc		If outside corporate limits, write RURAL and give township)
Hos	pital for the Women of mo		200-00
4-	oth of stor in Poltinger	Mos. 3 - 5 - 1	If rural, give location)
5. SE.	gth of stay in Baltimore [6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year If Under 24 Hours
n	WIDOWED, DIVORCED	Specify)	last birthday) Months Days Hours Min.
10A. L	SUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF
work don	during most of working life, even if retired) INDU	STRY Mariland	WHAT COUNTRY?
13. FA	THER'S NAME	14. MOTHER'S MAIDEN	NAME
So	seph Wilkowski	Roberta An	a Brad house
15. W.	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL prunknown) (If yea, give war or dates of service) SECURITY	17 INFORMANT	ADDRESS
no		140.	
18	7.57.1 CAL	ISE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	genetal ayre	ie kidneys 2 hours -
	injury or complication which caused death.) OUE TO	bilstein	37min
	ANTECEDENT CAUSES		10 10.
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	veruculumo	g wester
Ē	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
RTIFICATION	(c)		
F	11		
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
19	DATE OF OPERATION 198, MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
AL			YES NO
미니	A. ACCIDENT WAS UNDER. 1NG OR CONTRIBUTING 21B. PLACE OF INJURY about home, farm, factory, street, office USE OF DEATH		(If in Baltimore City, give exact location)
21	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJU	RY OCCUR?
		WHILE	
22	· I hereby certify that I attended the deceased from	6-26 1952 10	6 -26, 1957 that I last saw the
	ceased aline on 6-26 1952, and that death		the causes and on the date stated above.
23	A. SIGNATURE PA	23B. ADDRESS	mula for the 23c. DATE SIGNED
244	BURIAL, CREMA-Y RAB. DATE 124C. NAME OF CE	o. Women of mes	· Oballing Rud
TION, I	EMOVAL (Specify)	N HOPKINS MEDICAL SCHOOL JUT	1352 (State)
	RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	1 1 - 1259 Tuntington Villager	MARY COMMISSION OF	[[[62] [1]]
(VS 150	0 6 4 6 9	
		Dr. 12. 14. 18.	16 m. 1

Same a star of the 32 30 3 Serve Comments

V S 151

B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
s. FULL NAME OF (If not in hospital or institution, give street address or location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Lutheran Hospital	Baltimore 2.7-18—township
Yrs.	D. STREET ADDRESS (If rural, give location)
E. Length of stay in Baltimore 47 years Mos. Days	5314 Cordelia Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	Aug 27, 1894 9. AGE (in years of linder 1 year of linder 24 flour 24 flour in the last of
Tool Attendant General Elevator	Pittsburg Pa. WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilbur Jones	Unknown
(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 214-01-8463	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Corons	OF DEATH 5314 Cordelia Ave. INTERVAL BETWEE ONSET AND DEAT AT ATT AND DEAT
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or 21c. WHERE DID (If in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT NOT WHILE AT WORK	
22. I certify that I took charge of the remains described a	bove, held anautopsy thereon and from
the evidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above X , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE H- Durlache M.	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 7-5-52 Druid Rid	
OCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	Mamie Cook Syfer
18 151 3903L	1600 West North Ave.

ma 973 3000

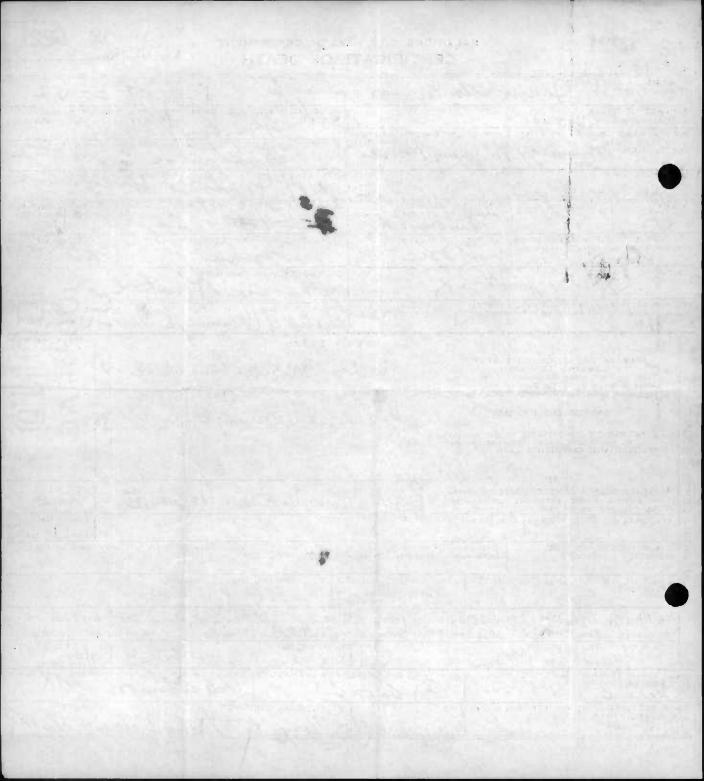
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52	6221

Registered No.

В	IRTH NO.			JERTH TOAT	L OI DEAT		
	NAME OF D 'ype or Print)	eceased lear	mettr	. M Cara	naugh.	2. DATE OF DEATH	7-2-52
	Baltimore (EATA: City Maryland			A. USUAL RESIDE	B. COUNT	red. If institution: residence TY before admission)
	FULL NAME	OF (If not in hospi	tal or institution	on, give street address or location)		any lan X	
IN	STITUTION	Melchow	Mursin	ng Home	C. CITY OR TOWN	eline - S	limits, write RUKAL and give township)
-			-(Yrs.	D. STREET ADDRE	SS (If jural, live ocation	NALRAC
c.	Length of s	tay in Baltimore		Mos. Days	41114	Valrat L	AVE.
5.	J	6. COLOR OR RACE	7. SINGLE	MARRIED. ED. DIVORCED Specify	8. DA FOF BURTH	14 - 8.48E (In yes last birthday	mrs If Under 1 Year I Under 24 Heurs Months Days Hours Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR		state or foreign country)	12. CITIZEN OF
	Non	re-	1 1	one		ma	WHAT COUNTRY!
13	B. FATHER'S	Peter &	War	2	14. MOTHER'S MA	IDEN NAME	el
15 V	. WAS DECEASI	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17)INFORMANT	2	ADDRESS
_	No	(, , , , ,	or or our vice)	SECORITY NO.	Thelip 11	aranaugh U	atom villeMA
	18. 33	1 × .	20	CAUSE	OF DEATH	/	INTERVAL BETWEEN
	DISEA	SE OR CONDITION		Caro	no - Vascul	- Papardo +	211
	heart failu	not mean the mode are, asthenia, etc. It me complication which	of dying, e.g. ans the disease		o - vascuse	Be the ending	2 Mours
		ANTECEDENT CAU		R	1 11	_ `	
2	B. 65. 65			(B)	lezal wite	lio sebross	
	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L) STATING TH				
5	ONDERL	ring condition i	ASI.				
-		11		(C)		^	
ב	TRIBUTING	GIGNIFICANT CONE G TO THE DEATH, BUT	NOT RELATE	Dues 6	nolores Vasper	Par lecider	to years
٠,		F OPERATION		FINDINGS OF OPER	AT 185		20. AUTOPSY?
Y Y							YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location)							
Σ	21D. TIME	(Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	FINSORT			HILE AT NOT WHILE WORK			
	22. I hereb	y certify that I at	tended the	deceased from	Luce , 1957	, to Jug 2,	1952, that I last saw the
	deceased a		_, 19 \$ 2, a	end that death occid		from he causes and	on the date stated above.
	23A, SIGNA	Cluss IN	olen	м. D.	6014 Columns	from Der atomson	Me 7352
2/11		CREMA- 24B DATE	52 2	Casher	RY OR CREMATORY	3 celtine	town, or county) (State)
D	ATE RECEIVE		SIGNATU	RE	25. WERAL DIR	ECTOR /	2 ADDRESS
J	UL 4 - 19	152 Huntin	aton W	Miacus Mo	TENGEL	& Taxley 6	dons ville MX
-			1		/4	-	



VS 150

	IRTH NO.	Carline		CERTIFICAT	E OF DEAT	'H	Registered N	0
1.	NAME OF Di		IEL	JAMES M	TURPHY		ATE OF -	TULY 1652
	PLACE OF DI					ENCE (Where de		nstitution: residence before admission)
В.	FULL NAME OSPITAL OR	OF (If not in hospit	NRLE	ion, give street address or location) (7) (7) (8) (8) (9) (9) (10	C. CITY OR TOWN	MIZE N (If outside CTIMORE	OR PALA corporate limits,	
c.	Length of st	tay in Baltimore	20	YZS Mon. Days	408	N. CUE	CLEY S	7
5	M	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED, PED, DIVORCED (Specify)	SEPT 42,	last	t birthday) Mon	Under 1 Year Hours Min.
		CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
0	RANE OPE	ERATIR	SNIDY	AED-SPAZO. DT	Conn.			USA
	, ramen s N		known		14. MOTHER'S MA	unkno	own	
15	. WAS DECEASE	D EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT			DRESS
16	s, no or unknown)	(If yes, give war or date	or service)	SECURITY NO.	MRS. RET	TYMAN	408 N.	^
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CIYONARY - CENEDRAL ARTERISC. DUE TO (C) WORLD OTHER SIGNIFICANT CONDITIONS CON-					eteriisc L	eyen S		
บ็	TO THE DI	TO THE DEATH, BUT	CAUSING I		ATION			20, AUTOPSY?
AL	19A. DATE O	FOPERATION 1	9B, MAJOR	FINDINGS OF OPER	NONE			YES NO X
1EDIC	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c, WHERE I		ltimore City, gi	ive exact location)
-	INJURY	Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		YONE	JR?	
				deceased from M				that I last saw the
	deceased al		· Que	my M. D.	1722 E. MA	nement	ses and on th	e date stated above. 23c DATE SIGNED Luly 1952
2. TI	4A. BURIAL. C ON REMOVAL (SI Burial	pecify)		24c NAME OF CEMETE Holy Redeemer	RY OR CREMATORY	24b. LOCATIO		altimore, Md.
	ATE RECEIVED	RAR .		William M.	Schimunek F	RECTOR		ADDRESS :

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Committee of the same of the s	313 1310	
Section 25 Markey		
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SPET HOLEN ST.		No. 18
NI N	A. COLOR P. COLOR D.	CHAILE VERLEIN
HAD. KETTHON GIEN. CHEEKIN		
TAKEN SNEDE TURBLE SEBESE TELABASES		
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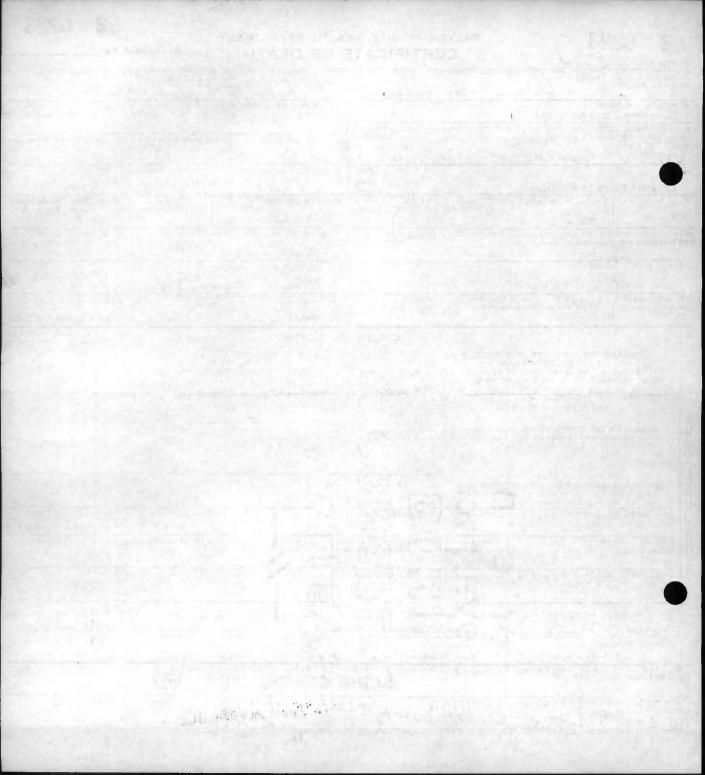
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1		02	RA	LTIMORE CITY H	ALMER		52 6223
'	52 62		DA		E OF DEATH	Registered	No
-		2-14/13		OLIVIII IOAT	L OI DEATH		
	NAME OF D Type or Print)	Sera Sera	W	W. nifield	Polmer To	2. DATE OF	122/1-2
	PLACE OF D	EATH:	/0	00111177618	4. USUAL RESIDENCE	Where deceased lived, I	institution : residence
	Baltimore C	City, Maryland	al or institu	tion, give street address or	A. STATE	B. COUNTY	before admission
H	OSPITAL OR	O, (11 nov m nospic		location)		If outside corporate limi	ts, write RURAL and give
3	0	Providen	-	Nospilal	Balto.	15-	township
				Yrs. Mos.	D. STREET ADDRESS (I		1.
	Length of st	tay in Baltimore	2 011101	Days		poreland	
	mare	Tue.		E, MARRIED, VED, DIVORCED (Specify)	6/26/5-2	9. AGE (In years last birthday) M	onths Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
				MEGGIKI	Balto, md		WHAT COUNTRY
13	3. FATHER'S N			P,	14. MOTHER'S MAIDEN N	NAME	0
	Derald	_		Valuer	Alma Ele	zabett	Johnson
(Ye	m, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
					Mother		Lee aborce
	18. 76	7.0		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION	TH		2/01/		
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A)	recoexa	2.2	/ C/ay
		complication which c					
7		ANTECEDENT CAUS	SES				
NO.		OR CONDITIONS, I			•••••••••••••••••••••••••••••••••••••••	************************************	
AT	UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LA	STATING T	HE DUE TO			
5							
RT	OTHER S	II IGNIFICANT CONDI	TIONE CO	(6)			***************************************
ij	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	FD			
ï				FINDINGS OF OPER	RATION		20. AUTOPSY?
Y							YES NO
EDICA	HOMICIDE	NT. SUICIDE. (Specify)	21B. PL. about home,	ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY		m.	WHILE AT NOT WHILE			
	22. I hereh	y certify that A att		/	0/26 1957-to	6/27 195	Zihat I last saw the
	deceased al			and that death occur		The state of the s	he date stated above
	23A. SIGNAT	ORE /	1)		38. ADDRESS		23c. DATE SIGNED
	1	anjude (y for	mendem. D.	2309 Ame	e thee Bu	17-1.52
TIC	4A. BURIAL, CON, REMOVAL (S	REMA- 248. DATE pecify)		24c. NAME OF CEMETE	CINS MEDICAL SCHOOL JUL	2 1952	, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

JUL 2 1952 ADDRESS



23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

248. DATE

deceased alive on 4 - 46-4, 19 and that death occurred at 11:30 Tm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

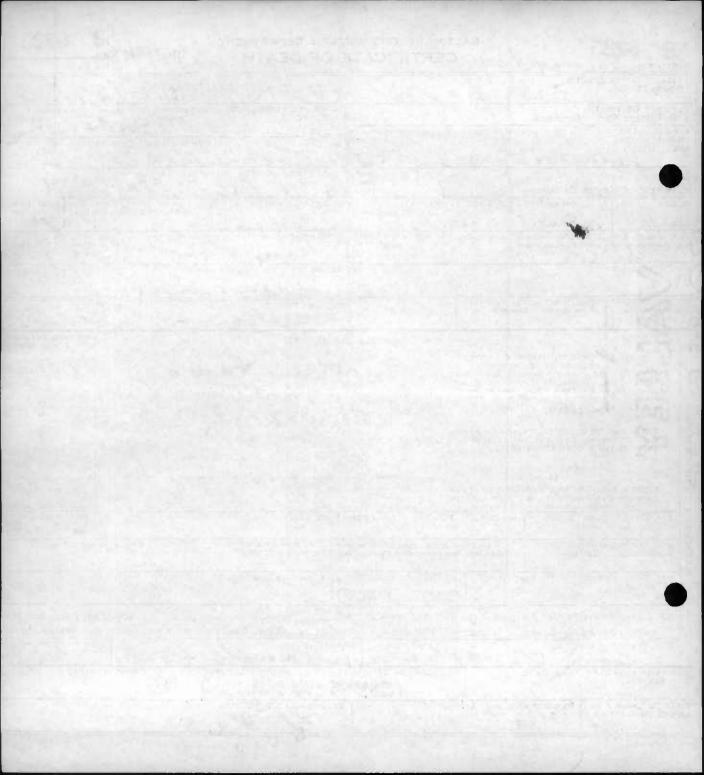
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

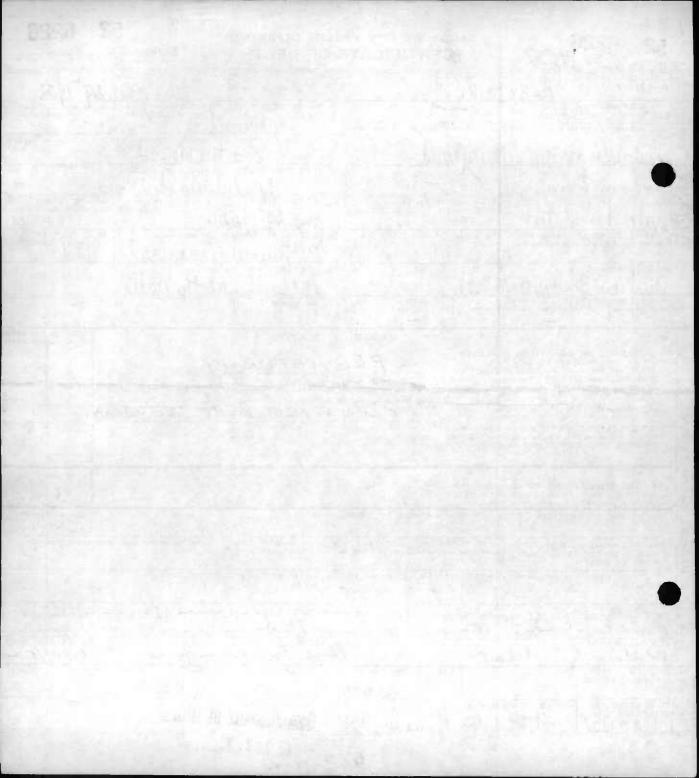
ADDRESS

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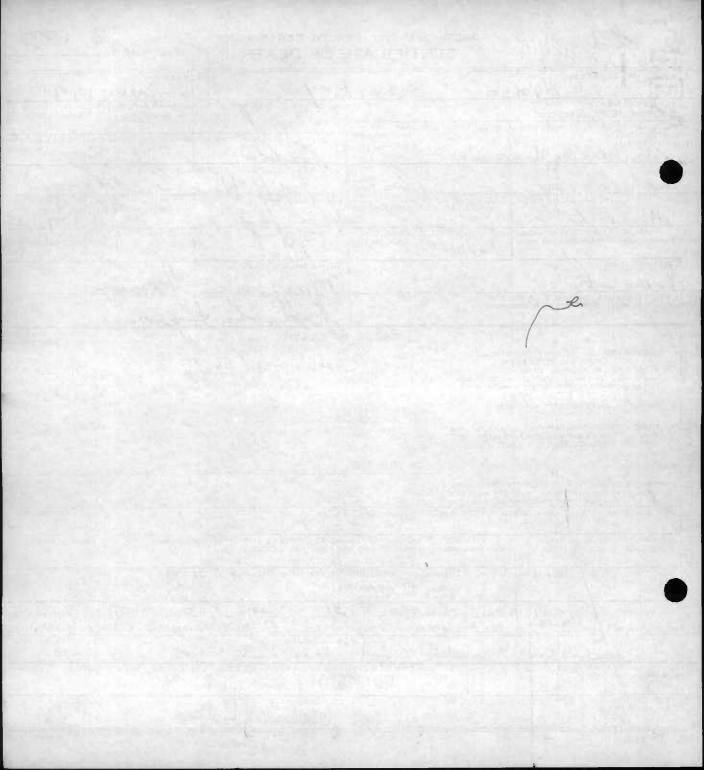
1	60						1-00
B	2 62 RTH NO. 7	25 2 - 14	529		EALTH DEPARTMENT E OF DEATH	Registered No	2 6225
	NAME OF D	ECEASED Bak	Ry B	AVER	2. DATE OF DEATH 6	29/50	
3. A.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V		stitution: residence before admission)
B. H	FULL NAME		pital or institu	tion, give street address or location)		Soutside corporate limits,	write RURAL and over
7	STITUTION	iversi	ty +	lo pital	Baltie	uore /	4-02 township)
2	Length of s	tay in Baltimore		- Moore	D. STREET ADDRESS (If	rural, give location)	god (+
	SEX	6. COLOR OR RAC	E 7. SINGL	Days E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) HU	inder 1 Yess II Under 24 Hours ths: Days Hours: Min.
10	uale DE	COCOACO	Su	D OF BUSINESS OR	6/29/52		7
wor	done during monte	of working life even if retir	ed)	INDUSTRY		ral	WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	
1.5	. WAS DECEASE	ED EVER IN U. S. ARI	AFD FORCES?	1 16. SOCIAL	Doloves	Deave 5	
(Ye	, no or unknown)	(If yes, give war or d	ates of service)	SECURITY NO.	17. INFORMANT	- AD	DRESS
	18. 767	5		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITIO	EATH		Ateloota	210	7 hans
	heart failu	s not mean the mod ire, asthenia, etc. It r complication which	neans the disea	se,			
		ANTECEDENT CA	USES	P	rematicil	_	
ERTIFICATION		S OR CONDITIONS		NG			
CA		YING CONDITION					
TIFI		11		(c)			
CER	TRIBUTING	SIGNIFICANT CON TO THE DEATH, B DISEASE OR CONDITION	JT NOT RELAT	FD			
		F OPERATION D		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i		If in Baltimore City, gi	
M	21D. TIME	(Month) (Day) (Ye	ar) (Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 6/29, 1952, to 6/29, 1952 that I last saw the						
	deceased at		, 19_52	and that death occur	rred at 1347m., from t	he causes and on the	23c. DATE SIGNED
	110	ster k	. 00	He M.D.	universety	OCATION (City town,	or county) (State)
Ti	A. BURIAL. (S	CREMA- 24B. DATE	200	24C. NAME OF CEMETE	THE MEDICAL SCHOOL JUL	3 1952	country (State)
	ATE RECEIVE	RAR	R'S SIGNATI	URE	25. FUNERAL DIRECTOR		ADDRESS
-	UL 4 - 13	52 Tues	tington	Williams M.	S CAMPINE MAY C	Realli	
	VS 150		0 9	we with	· Tulalia	the second	



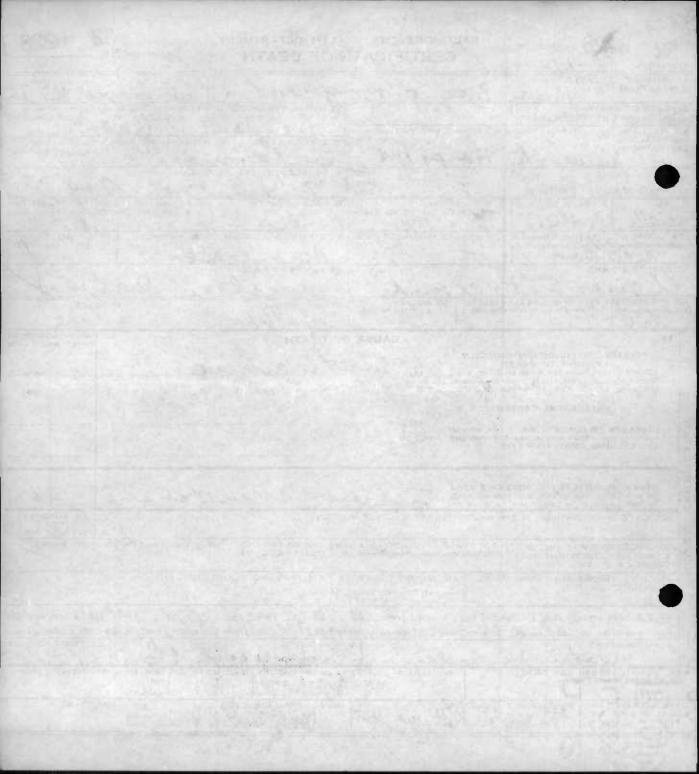
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52 6226 BIRTH NO. 52-14639 CERTIFICATE	ALIH DEPARIMENT
1. NAME OF DECEASED BABY TIRL ALL	2. DATE OF DEATH AMI, 2,9" 1952.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
R. FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Compular of Maryland Yrs.	D. STREET ADDRESS (If qural, give location)
c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED,	1819 Milwood Well 18 DATE OF BIRTH 9. AGE (In years) If Under 24 Hours
Shual hute WIDOWED, DIVORGED (Specify)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknnwn) (If yes give war or dates nf service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	F DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ATURE RUPT. MEMBRATES
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?
218. PLACE OF INJURY (e. g., in LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.	or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Ju	
	ed at $9 - Am$, from the causes and on the date stated above. B. ADDRESS 123C. DATE SIGNED 6/19/7=
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Hustington Williams, Mit.	25. FUNERAL DIRECTOR ADDRESS
VS 150	2 2 2 2



5	25						
BI	2 62 RTH NO.	52-1461	F BAI	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	6227
(T	NAME OF D ype or Print)	Hy	nson	Boby	Box	2. DATE OF DEATH JUNE	30, 1952
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE ()	Where decease Vocd. If insti	itution : residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hos	epital or institut	ion, give street address or location)		outside corporate limits, w	rite RURAL and give township)
	your	sur Ale	Story	Yrs.	D STREET ADDRESS (If	rural, give location)	- marine
	Length of s	tay in Baltimore		This Days	824 H	uslam 1	we-
	M	6. COLOR OR RAC	WIDOW	D. MARRIED. VED. DIVORCED (Specify)	4/30/52		Days Hours Min.
work	done during most o	CUPATION (Give kio of working life, eveo if retin	dof 10B. KINE Tafa	of Business or INDUSTRY	11. BIRTHPLACE Utate or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
13	PATHER'S N	ch			Marray S	AME Anna	
(15 (V)	WAS DECEASE, oo or wokoown)	D EVER IN U.S. ARI (If yes, give war or d	MED FORCES?	16, SOCIAL SECURITY NO.	17. SIFORMINT	Hern a 1	ESS
RTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DI	EATH te of dying, e. 1 means the diseas the caused death USES The ANY, GIVIN A) STATING TH	E., (A)	Prematur	ity	INTERVAL BETWEEN ONSET AND DEATH
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, B	UT NOT RELATE	ED .			
AL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE. (Specify)		ACE OF INJURY (e. s., id arm, factory, street, office blds., e		f in Baltimore City, give	
Σ	210. TIME (Month) (Day) (Ye		21E. INJURY OCCURRI			85),III
	deceased al	ive on 6-30	uttended the	deceased from 6 -	red at 3:55 Pm., from t	he causes and on the d	eat I last saw the ate stated above.
	23A. SIGNAT	URE ((Forgan	2 M.D. 2	38. ADDRESS	1000	6-30-52
24 TIO	A. BURIAL.			24c. NAME OF CEMETE	7.	3 1952	
DA	TE RECEIVED	BY REGISTRA	R'S SIGNATU	VIII POLLA MED	25. FUNERAL DIRECTOR		DRESS
J	Vs 150		0-	Story Seed	6 Telesta	- A	



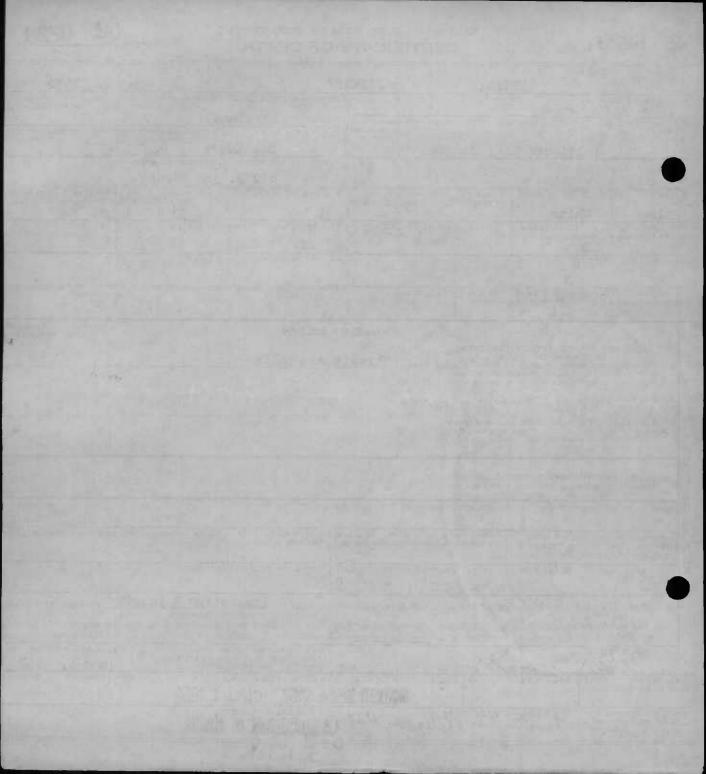
3	26							
ВІ	52 6228 BAI RTH NO. 52-14291	CERTIFICAT	E OF DEATH	Registered No.	6228			
1. (T	NAME OF DECEASED Role BA	4 Fitz	gerald	2. DATE OF 6/2	8159			
	PLACE OF DEATH: Baltimore City, Maryland	7	W. USUAL RESIDENCE (W	here deceased lived. If insti	tution; residence before admission)			
H	FULL NAME OF (If not in hospital or institut OSPITAL OR STITUTION,	ion, give street address or location)		outside corporate limits, wr	te RURAL and give			
111	huiversity Ho	spr tal	Bultin	whet 4	3 5 township)			
c.	Length of stay in Baltimore	Mos. Days	7/4 E.	Fort A	re tut			
5.		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 6/26/52	9. AGE (In years if Under last birthday) Months	l Year H Under 24 Hours Days Hours Min.			
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	O OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
15	Charles F, to ge	rald	hneill	e Det	ress			
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCE? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS			
	18. 768.0 1	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)							
	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO							
z	ANTECEDENT CAUSES	(B)						
CATION	DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	1G						
		(C)		••••	***************************************			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	ED TATOR	us Neona	tonum	1240			
	The state of the s	FINDINGS OF OPER	RATION		20. AUTOPSY?			
EDICAL		ACE OF INJURY (e. g., is farm, factory, street, office bldg.,		in Baltimore City, give	exact location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		OCCUR?				
	m. WHILE AT NOT WHILE NOT WORK							
	22. I hereby certify that I attended the deceased from 6/26, 1952 to 6/28, 1952 that I last saw deceased glive on 6/28, 1952, and that death occurred at 5.404m., from the causes and on the date stated about							
	23A. SIGNATURE	2	3B. ADDRESS	of the 2	C. DATE SIGNED			
710	A. BURIAL, CREMA- N, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	3 1952	ounty) (State)			
	TE RECEIVED BY REGISTRAR'S SIGNATION OF THE PROPERTY OF THE PR	Villiams, M.F.	25. FUNERAL DIRECTOR		DRESS			
	VS 150	then, think play	Etalisa.	4 ~ 1				



V S 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6229

BI	RTH NO.			CERTIFICATI	E OF DEATH	registere	4 110		
	NAME OF D	ECEASED				2. DATE			
(Type or Print) BENJAMIN PINKN					NEY	DEATH Ma	y 22, 1952		
	PLACE OF D				4. USUAL RESIDENCE (V	Vinere deceased lived, B. COUNTY	If institution : residence before admis	esion	
	FULL NAME	City, Maryland Of f not in hospit	al or institut	ion, give street address or	Maryland		202070 (4412)		
HO	STITUTION			location)	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL and		
	(2-1)	Baltimore C	ity Mor	gue	Baltimor		-0.5	SIII	
				Yrs. Mos.	o. STREET ADDRESS (If				
		stay in Baltimore		Days		nn Street			
5.	SEX	6. COLOR OR RACE	7, SINGLE WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours		
	Male	White			U	50 ?			
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BITTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN	TRY	
		N			K				
13	. FATHER'S	NAME K			14. MOTHER'S MAIDEN N.	AME			
		N			0				
15 (Yes	. WAS DECEAS	ED EVER INOU, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		W			N			- 10	
	18. 3	2 / N		CAUSE	OF DEATH		ONSET AND D		
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., (A) Chronic alcoholism								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
		ANTECEDENT CAO.		(B)					
8	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
ERTIFICATION	UNDERL	YING CONDITION LA	AST.	(C)					
Σl									
4	OTHER SIGNIFICANT CONDITIONS CON-								
0:		G TO THE DEATH, BUT							
C	REPORT LETTER FOLLS	the boundaries of the second of the second	*** * * * * * * * * * * * * * * * * * *	FINDINGS OF OPER	ATION		20. AUTOPS	Υ?	
_1						YES NO	X		
EDICAL	21A. EXTER	NAL CAUSE WAS	21B. PLA	ACE OF INJURY (e. g., i	or 21c. WHERE DID (1	f in Baltimore Cit	ty, give exact location)		
	UTING []	IG OR CONTRIB- CAUSE OF DEATH.	about some,						
Σ	21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	E				
	OF INJURY		m.	WHILE AT NOT WHILE					
h	22. I certi	fu that I took char	rae of the	remains described of	bove, held an Inspect	ion & Inqui	Lry thereon and	fron	
П					Autopsy.	Inspection or Inqui	1ľV		
П	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the do and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undet								
	23A. SIGNA	4	A		238 CHIEF MEDICAL EXAMINER 1 23c, DATE SIG				
	111	Wien Now	188	M	.D. MEDICAL INVESTIGAT	OR	June 4, 195	2	
24	A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240, L	OCATION (City, to	own, or county) (St	tate)	
110	MI, ALMOYAL (opecizy)		UNIVERSITY A	EDICAL SCHOOL JUN 1 1	. 1952	Mark Harris		
	TE RECEIVE		SSIGNAT	RF11. 11.77	25. FUNERAL DIRECTOR	001184	ADDRESS		
	CAL REGIST		igion 1	Villacus, Mo.	ragginzzioner, or 18	COLLU			



52 52	6230			EALTH DEPARTMENT E OF DEATH	52 Registered No	6230		
1. NAME	OF DECEASED				I 2. DATE			
(Type or	Print)	NA	LOGAN		OF	27. 1952		
	OF DEATH:	<u> </u>	Dount	4. USUAL RESIDENCE (Where deceased lived. If in			
	nore City, Maryland NAME OF If not in hospits	al on institution		A. STATE Marvland	B. COUNTY	before admission)		
HOSPITA	L OR	ar or mistreation	location)		f outside corporate limits,	write RURAL and give		
INSTITU	Johns Hopki	ns Hospi	Ital	Baltimor		township)		
			Yrs.	D. STREET ADDRESS (If				
engt	h of stay in Baltimore		Mos. Days		Eden Street			
5. SEX	6.COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH		der 1 Year If Under 24 Hours		
Fema		WIDOWE	D. DIVORCED (Specify)		last birthday) Mont	hs Days Hours Min.		
Work done dur	AL OCCUPATION (Give kind of ing most of working life, even if retired)	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?		
				Unknow	m	WHAT COUNTRY		
13. FATH	ER'S NAME			14. MOTHER'S MAIDEN NAME				
	Unknown			Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO				17. INFORMANT	ADE	DRESS		
(,	(, , , , , , , , , , , , , , , , , , ,		SECURITY NO.	Unknow	n			
Z DIS RIS UN	DISEASE OR CONDITION LEADING TO DEAT his does not mean the mode o art failure, asthenia, etc. It mea ury or complication which c ANTECEDENT CAUS SEASES OR CONDITIONS, IF E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	TH f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE ST.	(A) Carci	of DEATH noma of the breas	st	INTERVAL BETWEEN ONSET AND DEATH		
Ш То	BUTING TO THE CEATH, BUT I THE CISEASE OR CONCITION	NOT RELATED CAUSING IT.	INDINGS OF OPER	ATION		20. AUTOPSY?		
- I - I	ALL OF OFERATION	b. mason r				YES NO X		
UNDE	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. OR CONTRIB. UTING CAUSE OF DEATH.							
∑ 210. T OF IN	IME (Month) (Day) (Year) JURY	WH	E. INJURY OCCURRE ILE AT NOT WHILE ORK AT WORK	21F. HOW DID INJURY	OCCUR?			
22. I	certify that I took char-	ne of the re	mains described a	hove held an Inspecti	on & Inquiry	thereon and from		

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A, SLENATURE 23c. DATE SIGNED

23B CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR..... 24c. NAME of LOCATION (City, town, or county)

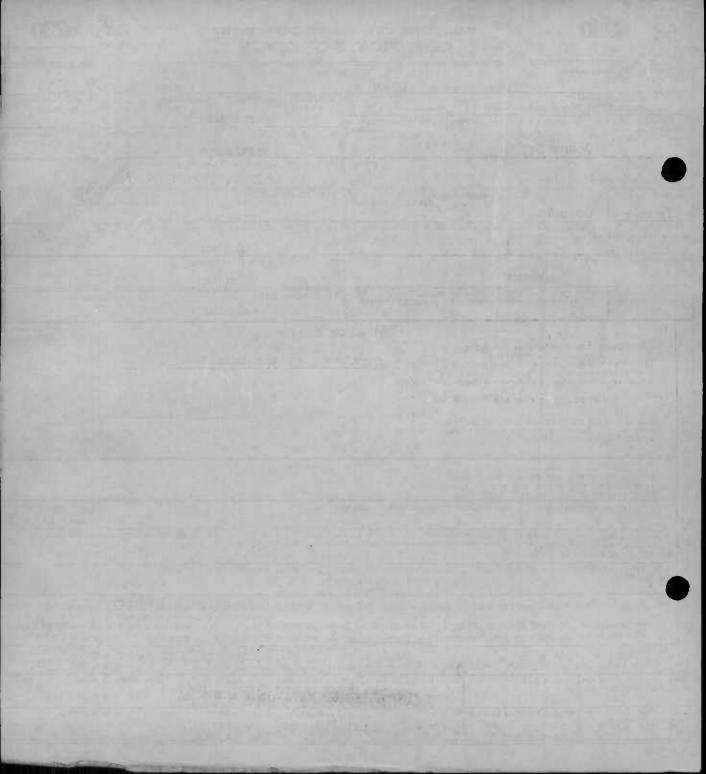
May 28.

24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE

DATE RECEIVED BY REGISTRAR'S SIGNATURE

ADDRESS

151



Alis body admitted to morgue for Storag Jungoss only.

NOT A MEDICAL EXAMINER'S CASE

Thanky & Derenham.

OHIEF OR ASST. MEDICAL EXAMINER

- 170 to to

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased fived, If institution; residence
B. COLATY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.

**PIDOWED, DIFORCED (Specify) AGE (In years | 100001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 | 1001 Il Undar 1 Year 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? boundurbe 13. PATHER'S NAME 14. MOTHER MAIDEN NAME 16. WAS DECEASED EVER IN U. S. ARMED FORCES? Tes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH

ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

ovary

21c. WHERE DID

0

20. AUTOPSY

YES

melaskasas

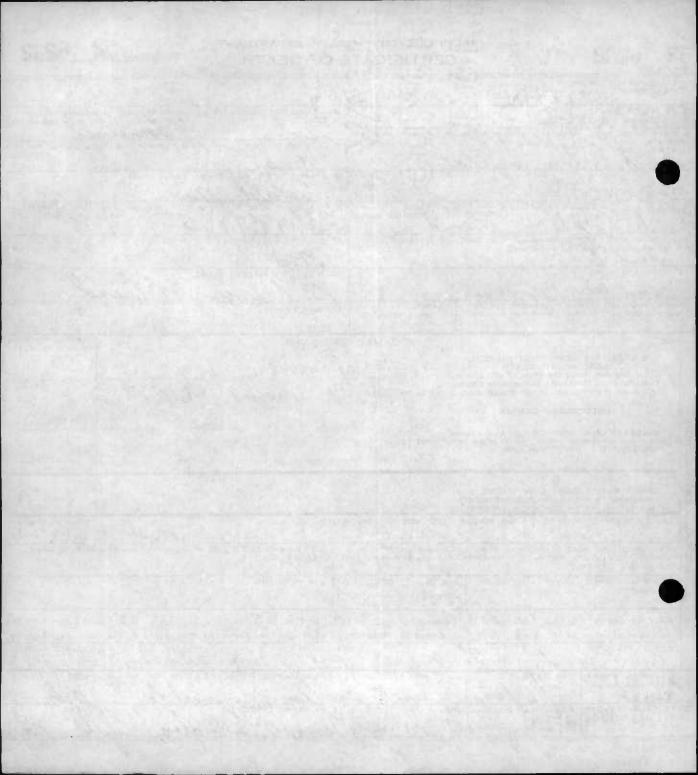
(If in Baltimore City, give exact location)

EDICAL LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK January 30, 19 5 40 Acel 22. I hereby certify that I attended the deceased from. 195 that I last saw the deceased alive on July 31 2, 195 2 and that death occurred at & 25 Pm. from the causes and on the date stated above. 23A.SIGNATURE 23C. DATE SIGNED 24A BURIAL CREMA 24C/NAME OF CEMETERY OR CREMATORY 24B. DATE LOCATION (City, town, or county)

218. PLACE OF INJURY (e. g., in or

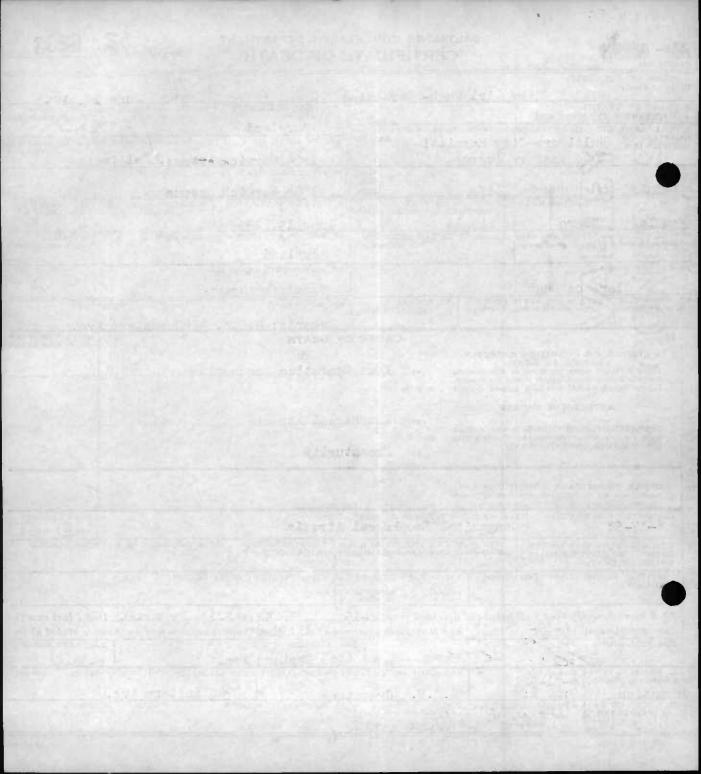
KERISTRAR'S SIGNATURE untinglow

21A. ACCIDENT WAS UNDER



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH June 19 1952

4. USUAL RESIDENCE (Where deceased lived, If institution, residence B. COUNTY referre admission) Baby Girl Pugh- Geraldine 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospital location) C. CITY OR TOWN (If outside corpor te limits, write RURAL and give INSTITUTION 4940 Eastern Avenue 1804 Warwick Avenue, Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Life 1804 Warwick Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. Female Negro Single June 15, 1952 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Pugh Geraldine Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records: B.C.H. 4940 Eastern Ave 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (A) Post Operative Pneumonia injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Esophageal Atresia CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Prematurity OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 6-17-52 Congenital Esophageal Atresia YES T 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 6-15 , 1952, to 6_19 , 1952, that I last saw the 6-19-1952, and that death occurred at 11:50 m, from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 6-21-52 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 9:00 A:M 4940 Eastern Ave. Cremation B.C.H. Crematory DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS



1142

R.S.B.

5%		34	ВА	CERTIFICAT			Registered	8 62: 1 No.——	34	
1.	NAME OF E		LEN	APPLEGARTH			2. DATE OF DEATH JI	ıly 3, 1	1952	
3. I	Baltimore	EATH: City, Maryland			4. USUAL RESID				: residence ore admission	
B. F	ULL NAME SPITAL OR		al or institu	tion, give street address or location)			outside cornorate lin	nite unite RI	IPA and civ	
INS	NOITUTITE	Lutheran H	ospita	1	c. CITY OR TOWN (If outside corporate limits, write RULAL) and give Baltimore					
				Yrs. Mos.	D. STREET ADDR.	ESS (If r	ural, give location)			
	sength of s	tay in Baltimore	7 CINCI	Days E. MARRIED.	165		astery Aver		1 If Under 24 Hours	
	male	white	WIDO	wed, divorced (Specify)	Sept. 7, 1	.933	last birthday)	Months Days	Hours Min.	
work		CCUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY	Baltimore		reign country)	USA	T COUNTRY	
13.	FATHER'S	NAME			14. MOTHER'S MA	AIDEN NA	ME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/	
	Edward	A. Applegart	h		Helen I B	ell			0	
15. (Yes,	WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. He	len Ap	plegarth	NAP 448 N . 165 N .	STERY A	
ERTIFICATION -	DISEASE RISE TO UNDERL	ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	(B)		tion					
CE.		OF OPERATION 1		R FINDINGS OF OPER	RATION			20.	AUTOPSY'?	
CAL						(10	D 101	YES		
	UNDERLYIN	NAL CAUSE WAS IGM OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home		165 N. Monastery Avenue 21f. How DID INJURY OCCUR? Introduction of a					
	22. 1 certs	ify that I took char	rge of the	e remains described	bovc, held an	au	topsy	therco	n and from	
	the ev	idence obtained by eath in my opinion	said Aut	topsy, Inspection or from: natural cause	Inquiry, find that accident	suicide EDICAL E EDICAL E	AMINER	the day st , undeterm 23c. DATE S	tated above ined .	
24	A. BURIAL.	CREMA- 24B/DATE		24C. NAME OF CEMETE		240. LC	CATION (City, tov		(State)	
31	n, REMOVAL (Burial	7/7/52	1 5	Loudon Park	Cemetery	Bal	timore		Md.	
LO	TE RECEIVE	D BY DECICEDAD	s SIGNAT	URE	Vm A. Tio	RECTOR	+ Somo-	ADDRES	3618	
V S	151	6	9	-		K	Os. B.		nd.	

Registered No. 6235 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES CORCORAN DEATH July 3 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City. Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Union Memorial Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 835 Lake Drive 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) married Jan. 5, 1899 male white 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY

(If outside corporate limits, write KURAL and give 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? Mutual Seller Race Track Baltimore ,Md. 14. MOTHER'S MAIDEN NAME ROSSIE COOK 16. SOCIAL 17. INFORMANT ADDRESS

13. FATHER'S NAME Corcoran 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) Mr. LeRov Corcoran -- 609 Overbrook Rd. -01-0240 No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Multiple fractures and contusions heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) COLETTO ANTECEDENT CAUSES Fracture of pelvis and right femur RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Intraperitoneal and retroperitoneal hemorrhage OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION

Burial DATE RECEIVED BY

21A. EXTERNAL CAUSE WAS UNDERLYING LY OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CON 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street

21c. WHERE DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Pedestrian struck by auto

me 30, WHILE ATT NOT WHILE 1952 5:30 P. WORK

22. I certify that I took charge of the remains described above, held an $_$ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .

238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B/DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county)

New Cathedral Cemetery REGISTRAR'S SIGNATURE

Baltimore 251 FUNERAL DIRECTOR

ADDRESS

(State)

Md.

YES Y

23c. DATE SIGNED

thereon and from

(If in Baltimore City, give exact location)

Lake Drive between Linden & Brookfield

partial autopsy

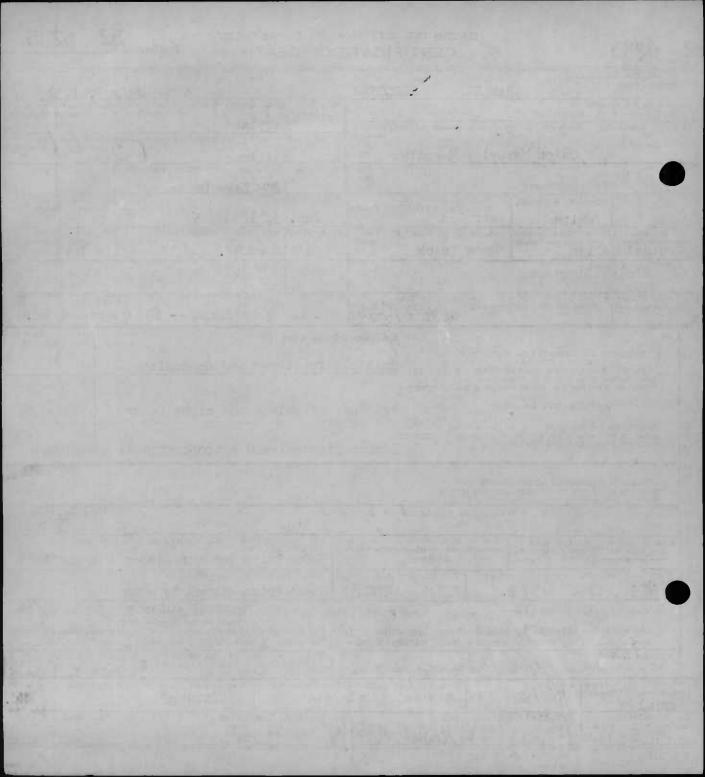
Autopsy, Inspection or Inquiry

63

before admission)

LOCAL REGISTRAR V S 151

25



- 4	5-5
52	6236

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N2 6236

	1. NAME OF DECEASED (Type or Print) LACY N. NEWLAND					HE DITE		2. DATE OF DEATH	July	3,	195	2
	PLACE OF D		Maryland			4. USUAL RESID	DENCE (V					esidence c admission)
В.	B. FULL NAME OF (If not in hospital or institution, give street address o			Marv]	Land				1			
	HOSPITAL OR INSTITUTION 908 W. Belvedere Ave.			Ave.	c. CITY OR TOW	N (If	outside corpo	raje limits,	wite	TUR.	Aband give ownship)	
100						Bakti			0'			bo whenin/
	Length of s				Yrs. Mos. Days	1	Belve.	rural, give loc				
F.	emale	Whi	LOR OR RAC	7. SINGL WIDOV marrie	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT		9. AGE (In last birth	years If t	Jeder I Youths D		lf Under 24 Hours Iours Min.
work	A. USUAL OC done during most	of working	ION (Give kind glife, even if retire	of 10B, KINI	O OF BUSINESS OR INDUSTRY	St. Mary			1	USA	HAT	N OF COUNTRY
_	. FATHER'S		300			14. MOTHER'S M		_				
	Charles	Gard	lner			Lena Kid	lder					
15 (V~	. WAS DECEAS	ED EVER	IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT			AD	DRES	S	
	no	(1, 3	on, give war or d	ites of service)	SECURITY NO.	Mr. Charle	s A. N	lewland	908 W	V. B	elv	edere
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-												
S .				NOT RELAT								
اد	19A. DATE C	F OPE	RATION	198. MAJOR	FINDINGS OF OPER	ATION		100		2	O. AL	TOPSY7
ပ္	21A ACCID	ENIT W	AS UNDER	218. PL	ACE OF INJURY (e.g., i	or 21c. WHERE	DID (I	f in Baltimor	e City oi		ES L	NO L
MED	LYING OF	DEATH	TRIBUTING[about home,	farm, factory, street, office bldg.,					ve end		
	21b. TIME	(Month)	(Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DI	D INJURY	OCCUR?				
				m.	WORK NOT WHILE			-				
	deceased a	liye on	July:	ttended the	1	red at 3:05 pm 38. ADDRESS 6805 U	2, to J a., from the	he carbes an	_, 19 12 , nd on the	e date	e sta	st saw the ted above.
	A. BUR AL.		248. DATE	. / 00	24c. NAME OF CEMETE		7 24D. LO	OCATION (Ci	ity, town, o	or tour	ty)	(State)
TIO	Removal (S		7/4/5	2	OddFellow's Co	//		Mary's			W.Y	
	TE RECEIVE CAL REGIST	D BY RAR	1, 1, 2	R'S SIGNATI		25. FUNERAL DI	1	F7 153	us	ADDR		
-	VS 150		9381	0	7 5 2		P.S. B		13.	RE	8	Mpl

District Contract The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) TRUDIE LEE MOORE OF July 3, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Georgia B. FULL NAME OF OF OF STREET ADDRESS OF HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital C. CITY OR TOWN Wysen Pk. Drive & 31st Street

before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) Yrs.

52 days Mos. 1148 W. Peachtree Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year In Under 24 Hours last birthday) Months Days Hours Min. 9/14/10 Single

10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)

10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ga.

clerk U.S. Gov't

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Odelle Moore Emily Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT

ADDRESS SECURITY NO. Records - US PHS Hospital, Balto, Md.

CAUSE OF DEATH

18. 241X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ONSET AND DEATH Since Bronchial asthma Childhood

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

Pulmonary emphys ema. DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

NOT WHILE

AT WORK

M. D.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT WORK

22. I hereby certify that Lattended the deceased from May 12, 1952, to July 3, 1952, that I last saw the

plin F. Lowney, SA Surg eon

24C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-ZAA. BURIAL, CREMA-

DATE RECEIVED BY REGISTRAR'S SIGNATURE uninglow

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

238. ADDRESS

Unknown

20. AUTOPSY YES X (If in Baltimore City, give exact location)

USA

INTERVAL BETWEEN

21F. HOW DID INJURY OCCUR? 19 52 and that death occurred at 7:30P m., from the causes and on the date stated above.

23c. DATE SIGNED US PHS Hospital. Balto. 24b. LEGATION (City, town, or county) ADDRESS

VS 150

CERTIFICATION

EDICAL

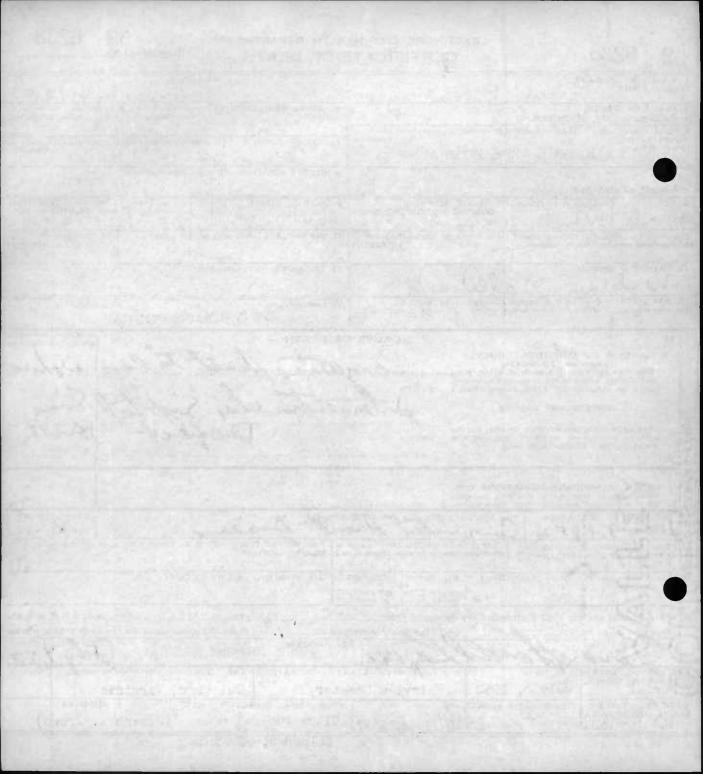
The manual of the Co

4	20
52	6238

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6238 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Chin Sallihum	2. DATE OF DEATH VILLY 41/957
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If inditation: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION JOHNS HOPKINS HOSPITAL	
Yrs. Mos. Days Days	D. STREET ADDRESS (If nulal, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	4-17-27 25
10A. USUAL OCCUPATION (Give kind of roth done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Weldon Sallehnoh	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	setticula Septal Since Deflet Brith
	20. AUTOPSY? YES NO In or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK	201
22. I hereby certify that I attended the deceased from deceased alive on 7-4, 1952, and that death occur	
The state of the s	238. ADDRESS HOPKINS HOSPITAL
24a. Odrial. CREMA- TION. REMOVAL (Specify) Burial 24B. DATE 24c. NAME of CEMETE Fairview Cem	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S Huntington Williams M.P.	25. FUNERAL DIRECTOR ADDRESS Clore Funeral Home (Joseph I. Brown)
VS 150	Culpeper, Virginia



-	1	-0)	U
0.07	6	23	9	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6239

В	IRTH NO.						
1.0	NAME OF DE	MARY	1 (ASH		2. DATE OF DEATH	7-4-52
	Baltimore C	ity, Maryland			4. USUAL RESID	ENCE (Where deceased I	ived. If institution: residence NTY before admission)
B. H	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN	MM (If outside corpora	te limits, write RURAL and give
11		ERSITY	Hos	DITAL	Ko	eoverille	township)
2		1 '		Yrs. Mos.	D. STREET ADDR	ESS (If rural, give locat	ion)
_	Length of st	ay in Baltimore	7 SINCLE	Days MARRIED,	8. DATE OF BIRT	H 9. AGE (In yo	ears II Under I Year II Under 24 Hours
	F	W	WIDOW	Wedvard	5/18/1	896 last birthd	months Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of f worklog life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLÁCE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N		Lan	House	14. MOTHER'S MA	1844	
1.	2	las V some			2/ MOTHER'S MA	//	
15	5. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	Known	ADDRESS
(Ye	no or ookoown)	(If yes, give war or date	s of service)	SECURITY NO.	Harl Char	nelou 33 740	as is Court Rd
	18. 47	n 1.		CAUSE	OF/DEATH	7	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY				ONSE! AND DEATH
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e.g	(A) Myoc	andial	mfanctu	w succes
	injury or	complication which	eaused death				
		ANTECEDENT CAUS	SES	Pulma		Nfarction	4-11-
NO		OR CONDITIONS, I		G	wary 11	OTERCITOR	1-6004
FY		HE ABOVE CAUSE (A) ING CONDITION LA		AThei	OSCLEDA	sis & PLER	SITIS >
J.				(c)	V MAISA	GINS	
RTIE	OTHER S	II IGNIFICANT CONDI	TIONS CON				
CEF	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	DILABET	165	NELLTUS	14RS
				FINDINGS OF OPER	ATION		20. AUTOPSY?
CA			L 04= 514		Loss Wileds	OLD (IC !- D-Wi-	YES NO
VEDI	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE I	IR?	City, give exact location)
-	D. TIME (Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WORK NOT WHILE			
		y certify that I att	_	account of the second	1-5219		, 19, that I last saw the
	deceased al	ive on 7-4-5	,19		red atm.	, from the causes and	d on the date stated above. 23c. DATE SIGNED
	H A	ORE DI	em	6 . M.D.	MIVERS	the Hospit	N 7-4-52
2	4A. BURIAL CON REMOVAL (S	REMA- 24B. DATE		40 NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (Cit	y, town, or county) (State)
	Remov	4 //5	52 1	Mrox	ville	Jena	
D	ATE RECEIVED	PAR REGISTRAR	SSIGNATU	RE	25. FUNERAL DIR	ECTOR TO ME CK	ADDRESS
_	JULU	1306 Tuestay	flow //	Higher My 20	With DOLL	MC. 52 4 0%.	rant y.
	VS 150	/					

	70	BALTIMORE CITY HE	EALTH DEPARTMENT	52	6240
2	IRTH6240	CERTIFICATI	E OF DEATH	Registered No.	0240
1.	NAME OF DECEASED Type or Print) STARR	FRANK	ENGER WEE	2. DATE OF DEATH OLLS	2,1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased fived. If insti	tution : residence before admission)
H	FULL NAME OF (If not in hospital OR ISTITUTION	al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rit BURAL and give
7	University	Hospital Yrs.	D. STREET ADDRESS (If 1	rural, give location)	C - township
	Length of stay in Baltimore	Mos. Days	17 north	Gorman a	ve.
5.	M 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	700.5.1881	9. AGE (In years It Under last birthday) Months	Days Hours Min.
1C wor	OA. USUAL OCCUPATION (Give kind of k done during most of working life even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	cia locati	14. MOTHER'S MAIDEN NA	Mehhard	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS
	DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode or heart failure, asthenia, etc. It mean	DIRECTLY H dying, e. g., ns the disease,	of DEATH	Pophagus	INTERVAL BETWEEN ONSET AND DEATH
FICATION	injury or complication which complete the complete that the comple	ES (B) ANY, GIVING STATING THE DUE TO		0	
CERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT INTO THE DISEASE OR CONDITION	NOT RELATED			
	19a. DATE OF OPERATION 0 15	9B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c, WHERE DID (International Injury occur?	f in Baltimore City, give	exact location)
-	ID. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR7	
	22. I hereby certify that I attended alive on 7/2	ended the deceased from 6/	red at 740 Am., from th	7/2, 1952, the causes and on the d	at I last saw th
	23A. SIGNATURE Kichard C		University A	lospital ?	July 2, 145
2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, of	ounty) (State)

TION, REMOVAL (Specify)

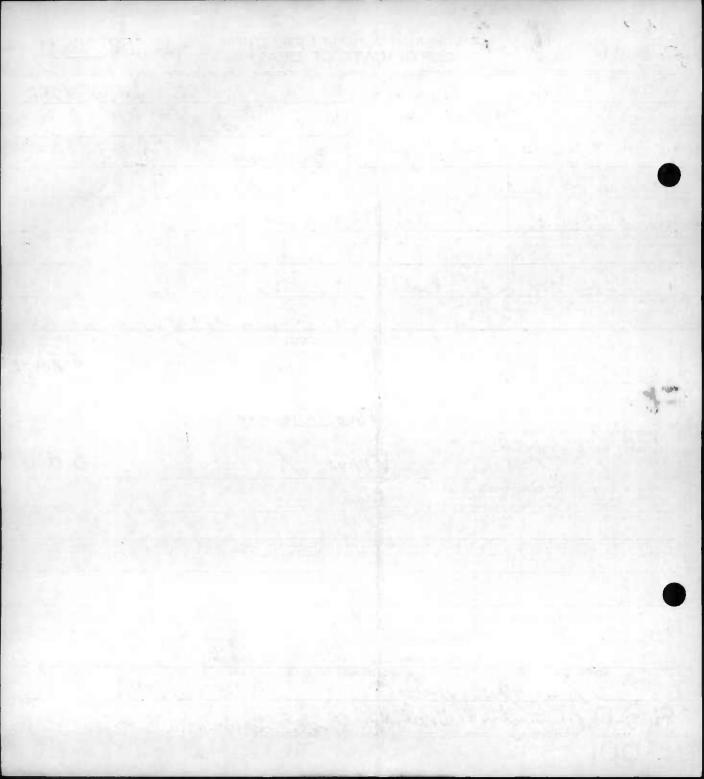
ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
JUL 5 - 1952

VS 150

653 52 6241

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6241

ВІ	RTH NO.	RIFICATE	OF DEATH		
(T	NAME OF DECEASED Patricia M.	aranto		2. DATE OF DEATH VULY	2,1952
	Baltimore City, Maryland		4. USUAL RESIDENCE (WI	nere deceased lived, I inst	titution : residence before admission)
H	FULL NAME OF (If not in hospital or Ustitution, DSPITAL OR ISTITUTION Many and General	3 42 1	Baltimore	outside corporate limits, w	rite RUKAL and give township)
1	On A	Yrs. Mos.	0 11 .	ural, give location)	
	Length of stay in Baltimore	Days	3702 May b	erry	
9	Fremale White let	DIVORCED (Specify)	CE 10 1945	last birthday) Month	s Days Hours Min.
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or for	eign country) 12	. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1-	4. MOTHER'S MAIDEN NA	ME	
2	Groncis & Maran	to	Bose Ray	and!	
15 (Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service)	S. SOCIAL SECURITY NO.	7. INFORMANT	3902 May	berry are
	18. 490 X	CAUSE OF	DEATH	0	INTERVO BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Acute	Cardiac Fai	lure	4 hours
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
N	ANTECEDENT CAUSES	(B) hobar	Pneumonia		1 day
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO VINV	. X		3 No.
E	11	(C)	3' /)		2 (3440
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
7		NDINGS OF OPERAT	ION		20. AUTOPSY?
DICA	21A. ACCIDENT, SUICIDE, 21B. PLACE	OF INJURY (e.g., in or	1 21c. WHERE DID (If	in Baltimore City, give	YES NO.
MEDI	HOMICIDE (Specify) about home, farm,	factory, street, office bldg., etc.)	INJURY OCCUR?		exact location)
	FINJURY	. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
-	m. WHILE			1/ 0 0	
	22. I hereby certify that I attended the dec		1950 to	Vuly 2, 1952 t	hat I last saw the
		that death occurre		e causes and on the	date stated above.
	deceased alive on 10 4, 19 3 and 23A. SIGNATURE	that death occurre		Grantes and on the	date stated above.
2.7	23A. SIGNATURE M. Juni	238	1838 Hayford	CATION (City, town or	July 2,52
3	23A. SIGNATURE	NAME OF CEMETERY	1838 Hayford	CATION (City, town or lair Rd	July 2,52



7.3	6
12	6242
DIDTU	NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

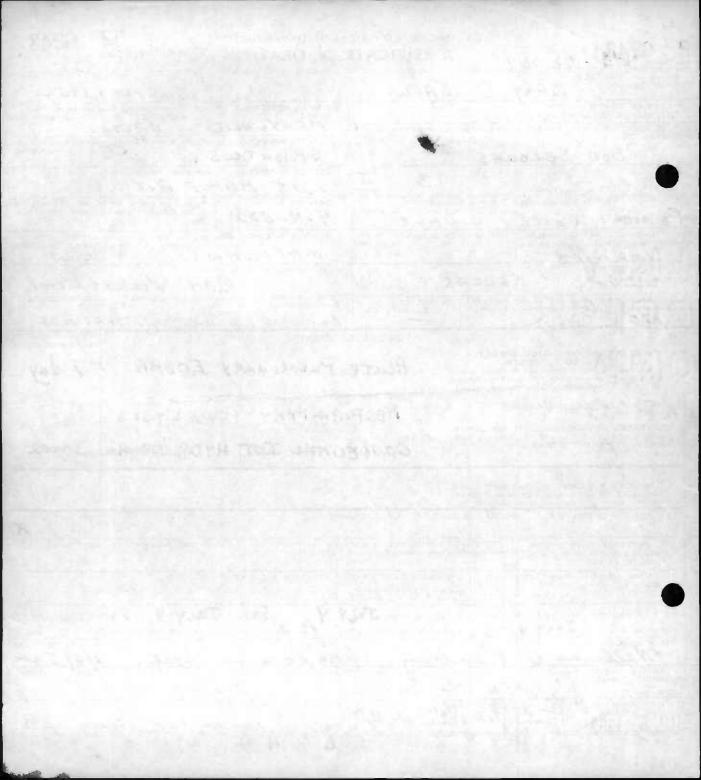
Registered No. 6242

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RUKAL and give township)
St. Josephs Hospital	Ralimaro
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Ligth of stay in Baltimore Days	2011 E. Federal Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours Inches Days Hours Min.
Male White Divorced	Oct 241886 65
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Wriver On Wagen Cenner R. R.	Baltimore, Md.
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Foster	Mary Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMARD ADDRESS
the state of the s	Mrs Robinson 2011 & Frederick St
18. 670.1. CAUSE (OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 , 1
(This does not mean the mode of dying, e.g., (A)	Il pulmman laling
heart failure, asthenia, etc. It means the disease, injury or complication which cansed death.) DUE TO	
ANTECEDENT CAUSES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANTECEDENT CAUSES	Al gashe detitation
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	valytic eller
(6)	
E CONTRACTOR CONTRACTO	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
198. MAJOR FINDINGS OF OPER	YES NO [
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., le	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,e	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT WORK AT WORK	
	10 10 10 10 11 1 1 10 11 11 11 11
22. I hereby certify that I attended the deceased from	red at 5730-4m., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
Coffey & M.D.	
244. BURIAL, CREMA 248 DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
THON- REMOVAL (Specify)	a anne Enonthager Cat
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
1111 5 = 1952 Huntington Williams, M.	Lear In low the 1801-03. No. Pott Paul Une
VS 150	
1. 40	

720 52 6243 BIRTH NO. 52 - 08064	BALTIMORE CITY HEALTH DEPARTMEN CERTIFICATE OF DEATH	Registered No. 6243
1. NAME OF DECEASED (Type or Print) MARY	E. KALLAS	2. DATE OF DEATH JULY 4, 1952

1	5	2	6243
1	Registered N	Го	

A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND BALTO.
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
BON SECOURS	HALISKIUS
Mos.	D. STREET ADDRESS (If rural, give location)
c. Leigth of stay in Baltimore	1315 MAPLE AVE. 2001
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-4-52 9. AGE (in years fi Under Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
INDUSTRY	MARYLAND WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELLWOOD W. KALLAS	MAY WILLYS LINK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	ELLWOOD KALLAS 1315 MAPLE AKE.
18. 7 F2 X . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	PULMOURRY EDEMA / day
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
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52	6244	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6244

BIRTH NO.	44	CERTIFICAT	E OF DEATH	negistereu	140
1. NAME OF	DECEASED			2. DATE	
(Type or Print)	ALBER	RT H. GUNTRUM		OF JUI	LY 2-1952
3. PLACE OF I	DEATH: City, Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, I	
B. FULL NAME	OF (If not in hospit	al or institution, give street address or		\$1.000.HT	or - All
HOSPITAL OR		location)	c. CITY OR TOWN	(If outside corporate im	its vrite RURAL and give township)
1	5006 Frede	erick Ave.	BALTIMOR		, , , , , , , , , , , , , , , , , , ,
C	.1	Life Mos.		derick Ave.	
5. SEX	stay in Baltimore	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
Male	White	WIDOWED, DIVORCED (Specify) Married	July 31-1	last birthday) [M	Ionths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat		12. CITIZEN OF
_	tof working life, even if retired) Papers	Carri er	Baltimore		WHAT COUNTRY!
13. FATHER'S	NAME	Carrier	14. MOTHER'S MAIDE		ODA
William	Guntrum		Christina	Dreschler	
	SED EVER IN U.S. ARME		17. INFORMANT		ADDRESS
(1 ce, no or unknown	(xt you, give war or date	security No. 219-32-3673	Jul 10 A. Gu	atrum. 5006 F	
18. W	70.0		OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY			ONSET AND DEATH
(This doe	LEADING TO DEA'	of dving, e.g.,	E musaca	deal Chifaci	Tim Sudde
heart fail	ure, asthenia, etc. It mea r complication which c	ns the disease, caused death.) DUE TO			······································
A STATE				dial Chifaci Ticheart Dis	
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O DISEASE	ES OR CONDITIONS, IN	F ANY, GIVING			
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OTHER :	II SIGNIFICANT CONDI	TIONS CON-		-	
H TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION		eter mel	elus	10-yer
. 19A. DATE	OF OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y				TALL TO LL	YES NO C
21A. ACCII LYING C CAUSE OF	DENT WAS UNDERDED CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
		m. WHILE AT NOT WHILE			
22. I here	by certify that I att	tended the deceased from	ne 1946 t	o July 2, 195	Hhat I last saw the
		, 1950, and that death occur	rred at 7:304 m., fr	om the causes and on	the date stated above.
23A. SIGNA	ATURE	6- 1	1 Mallow	uit.	23c. DATE SIGNED
OAL BURLET	510 1-1	M. D.			
24A. BURIAL TION, REMOVED (A STATE OF THE PARTY OF THE PAR	RI OR CREMATORI 2	4D. LOCATION (City, town	
Burial DATE RECEIVE	July 5	52 Loudon Park	Cemetery	Baltimore Ma	ryland ADDRESS
LOCAL REGIS	1 1 1 1	ington Williams My	7-1311 es	feel 45	ew.
VS 150		460 UM	F.B.W1ppert	& Son 1300 E	utaw Pl.17

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BI	520 6245 por Res	BALTIMORE CITY HE CERTIFICATE		Registered No.	2 6245
	NAME OF DECEASED type or Print)	ler Jones	2	OF DEATH	43.1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (When		itution: residence before admission)
HC	OSPITAL OR	tal or institution, give street address or location)	C. CITY OR TOWN (If outs	side corporate mits, w	
3	STITUTION Universi	14 Hospital	D. STREET ADDRESS (If rura	l. give location)	(tempship)
c.	Length of stay in Baltimore	Mos. Days	1137 419	yle Are	2
	F Negro	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	AGE (In years last birthday) Months	r I Year H Under 24 Hours Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	t 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	11	/
15 (Yes	WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDE	RESS
ERTIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of the condition of the c	DIRECTLY ATH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. (C)	CERTIFICATION APPROV	M. D.	INTERVAL BETWEEN ONSET AND DEATH
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1	CAUSING IT.	ATION		20 AUTOBOV2
AL.	19A. DATE OF OPERATION	19в. MAJOR FINDINGS OF OPER			YES NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	Home	1137 Argyle Ave		exact location)
불	INJURY 1050	WHILE AT NOT WHILE			
	1952 22. I hereby certify that I att deceased alive on	tended the deceased from	oly, 2 , 1952 to de	elg. 3., 1952	hat I last saw the
	23a, SIGNATURE		B. ADDRESS Hos		3C. DATE SIGNED
TIC	NA. BURIAL, CREMA- 24B. DATE	MT. AUBUR	0 0	TION (City, town, or o	Md (State)
Lo	ATE RECEIVED BY REGISTRAR	ington Wallaus Mit	25. FUNERAL DIRECTOR	916 AL	NNA AVE.
	N-966.0To be to	alen & The R	receil zame	ners fry	lend ak,

844 11. CAREY 37 DR MIE DENALL BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LARENCE 4. USYAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland BALTIMORE. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | Wilder | Year | Huder 24 Hours | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIE D 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HAULINE FATHER'S NAME U-5.A MARYLAND. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. J. ARMED FORCES? 16. SOCIAL SECURITY NO. W. LAFAYETIE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK 1962 to. 1912 that I last saw the 22. I hereby certify that Lattended the deceased from //iD/m., from the causes and on the date stated above. deceased alive on _ 1952 and that death Securred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL PREMA-24B, DATE 24c. NAME OF CEMETERY OR (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

VS 150

626547
BIRTH NO.
1. NAME OF DEC (Type or Print)
a. Baltimore Cit
B. FULL NAME OF

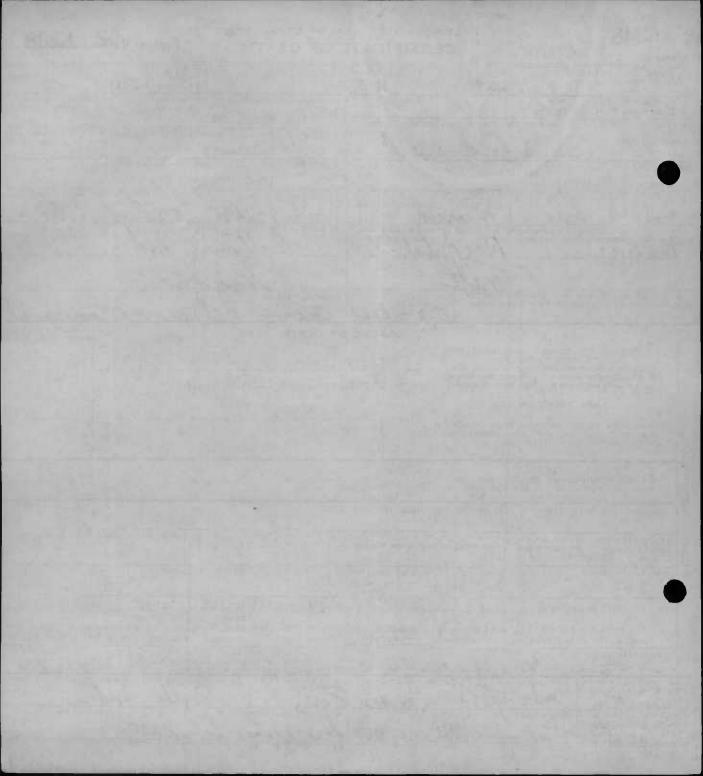
2	624	7			EALTH DEPARTME OF DEATH		52 6247
1.	NAME OF E	DECEASED	PROSER	(PROSNIEWS	KT)	2. DATE OF DEATH Jul	7 1052
3. A.	PLACE OF D		7 110021	(21003122112		NCE (Where deceased lived.	
в. Н(FULL NAME		al or institution,	give street address or location)	Maryland c. CITY OR TOWN	(If outside co porate li	nits, write RURAL and give
IN	STITUTION	1633 Lancast	er Stree	t	Baltimore	6	township)
7	T an eath of	star in Poltimore	1.5	Yrs. Mos.		(If rural, give location)	
_	SEX SEX	6. COLOR OR RACE	7. SINGLE, N	MARRIED. O, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
	le	White	Marri	ed	September 24,	1905 46	
orl	deneduring most	CCUPATION (Give kind of of working life, even if retired)		F BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	. FATHER'S	Linesman NAME	City of	Baltimore	Pennsylvani		USA
	Frank Pi	rosniewski			Maryanna (Folembieski	
	. WAS DECEAS	ED EVER IN U.S. ARMED		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				SECONT NO.	Mrs. Josephin	ne Proser, 1633 1	ancaster St.
CERTIFICATION	OTHER STRIBUTION	SE OR CONDITION LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, HE THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION IN THE DEATH, BUT DISEASE OR CONDITION	I'H f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED	DUE TO		CCLUSION CIENCY & CONGE MELLITUS	ONSET AND DEATH 7/3/52 STIVE APRIL 1951 ???
AL	19A. DATE	OF OPERATION 1	9B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
EDIC		DENT WAS UNDER-		E OF INJURY (e. g., i			y, give exact location)
2	INJURY		m. WHI	E. INJURY OCCURR LE AT NOT WHILE ORK AT WOORK		INJURY OCCUR?	
	22. I here deceased of 234. S GNA	by certify that I attalive on July 2		d that death because	ly 3 1952 ruled at 6:45/hm., 23B. ADDRESS	from the courses and on	that I last saw the the date stated above. 23c. PATE/SIGNED 7/4/52
2.	AA. BURTAL.	CREMA- 248. DATE		C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (C.O.O.	(State)
	Buria	7/7/52		Holy Rosar		Baltimore	Maryland
DL	JUL 5	1952 HEGISTRAR	s SIGNATURI	Illians Miz	M.F. SADOWSKI	SONS, 1808 E	ADDRESS ASTERN AVENUE
ľ	VS 150		0	092 93	Sherly	D. Sado	pki

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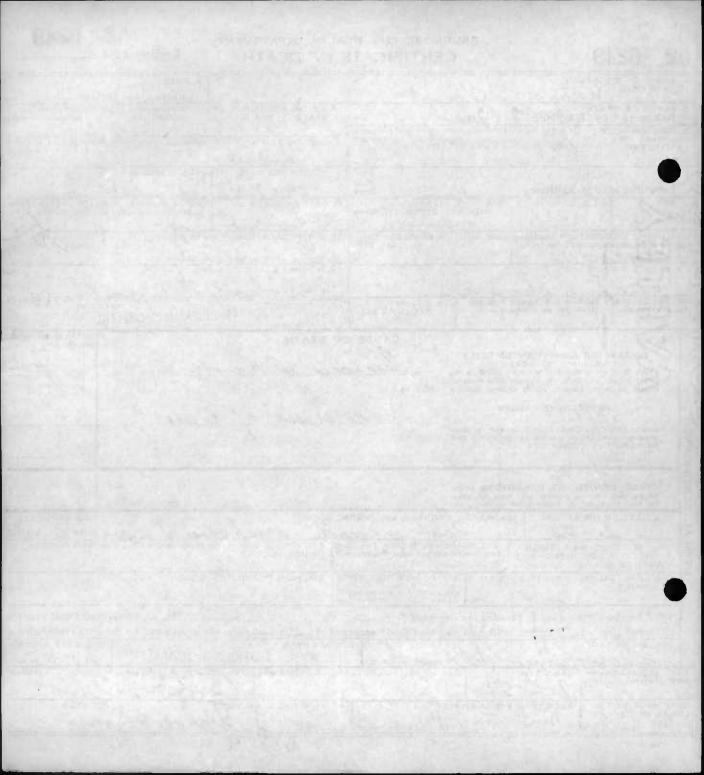
VS 151

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) FRANCES FUHRER July 3 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A STATE Marvland (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, Frie RULAL and give INSTITUTION township) Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1067 Cameron Road c. rength of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 24 Hours Female 10A, USUAL OCCUPATION (Give kind of BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 10B INDUSTRY ork done during me of working life, even if retired) 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO chronic alcoholism ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION VES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factor v. street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\square\), suicide \(\square\), homicide \(\square\), undetermined \(\square\). 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER July 4. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or egunty) 24A. BURTAL, CREMA 24B. DATE TION, REMOVAL (Specify) ADDRESS DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR



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-	2 00	40			EALTH DEPARTMENT	X Registered No	
B	RTH NO.	19		ERTIFICATI	E OF DEATH	Registered No	
	NAME OF D	Peten	5 chm	idt		2. DATE OF DEATH July	x411952
	PLACE OF D Baltimore	EATH: City, Maryland	1 Bra	de 3	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	titution : residence before admission)
В.	FULL NAME	OF (If not in hospit		n, give street address or location)	Uhro	V-35	·
	STITUTION	JOHNS HO	OPKINS HO	OSPITAL IOCACION	Certan (I	f outside corporate limits,	write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore	T CINCLE	Days	4408 11	T. 5, h	/,
1	Wal.	10/11 T	7. SINGLE.	D, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mont	the Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	2. CITIZEN OF
wor	done during most	of working life, even if retired)		INDUSTRY	Dear		WHAT COUNTRY
13	FATHER'S	NAME O			14. MOTHER'S MAIDEN N	IAME	
	Mar	l. S Chi	wi	et	Caroline	. Reid	el
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
_					JOHNS	HOPKINS HOSPITA	NE .
	18.	71.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEA not mean the mode of	DIRECTLY	//	- 07	A STATE OF THE	7/11/20
	heart failu	irc, asthenia, etc. It mca	ins the disease,		su of our	4	5 900
	injury or	complication which	caused death.)	DUE TO			0
7		ANTECEDENT CAUS	SES	(B) ///	croses of	lune	
FICATION		S OR CONDITIONS, I					••••
AT		TING CONDITION LA		(C)	***************************************		
ERTI		II IGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
ب	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION	. / /	20. AUTOPSY?
EDICAL	21A ACCIE	ENT WAS UNDER-	21B. PLAC	E OF INJURY (e.g., in	a or 21c. WHERE DID	(If in Baltimore City, give	e exact location)
MED	LYING OF	R CONTRIBUTING DEATH		m, factory, street, office bldg., e			
1	F INJURY	(Month) (Day) (Year)		IE. INJURY OCCURRI		Y OCCUR7	
			m. 1	WORK AT WORK		- Ca	
		y certify that I att		.cocacca j. onv	-9, 1952, to	7-4,1952,	
	deccased a		, 19 3 4; a	nd that death occur	3B. ADDRESS	the causes and on the	23c. DATE SIGNED
	Du	cotaine.	1/1/1/	LEGA FIM. D.	JOHNS HOPKINS	S HOSPITAL	1-5-52
14	AA. BURIAL	pecify) 7-5-	52 2	4C. NAME OF CEMETE	RY OR CREMATORY 240	DCATION (City, town, or	County (State)
	ATE RECEIVE		SSIGNATUR	Ε.	25 FUNERAL DIRECTOR	T. 1	DDRESS
	JIII 5 -	1959 Tunto	igton /	Illiacus, M.J.	Mm. X X	uckner 4 do	ns
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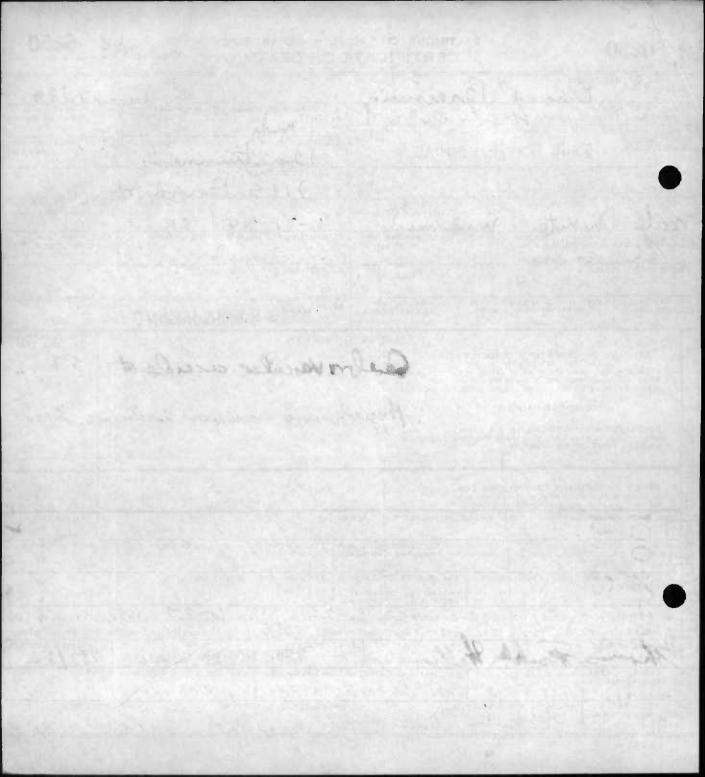
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

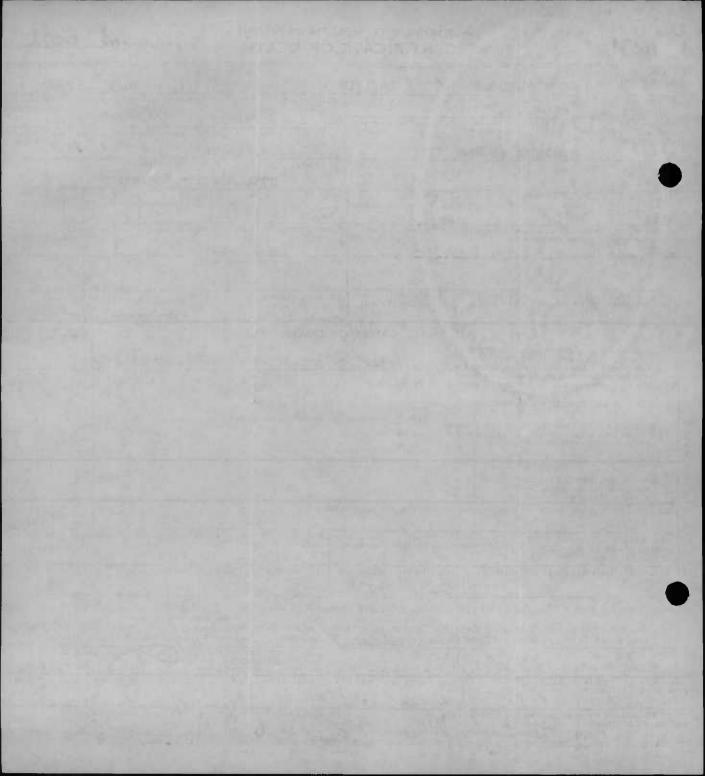
Registered No. 6250

BIRTH NO.	2 01 22:(111
1. NAME OF DECEASED (Type or Print) Basining.	2. DATE OF DEATH () AAM 271/99
3. PLACE OF DEATH: A. Baltimore City, Maryland W.L. Ool 6 B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
HOSPITAL OR INSTITUTION TOHNS HOPKINS HOSPITAL	13 attimore township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	3-31-94 58
10a. USIAL OCCUPATION (Give kied of roth done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Mysculer accident 5 legs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 4-27, 1952, and that death occur	
Homes Handhi Williams M. D.	238. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) BURIAL JULY 5 1952 MT CARME	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRARY Huntington Williams, M.	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS



L	515				TIMOD	- CITY LIE	ALTH DEBART	MILLIT			2271
2	625:	1					ALTH DEPART		Registere	d No	6251
-	RTH NO.	DECEACED						1 -	2. DATE		
	NAME OF I	DECEASED	GE	ORGE	M.	DUNIVI			OF DEATH J	ıly 4,	
	PLACE OF D Baltimore	City, Maryla	and				4. USUAL RESIDE	ENCE (Whe	re deceased lived B. COUNTY		tion: residence before admission)
	FULL NAME	OF (lf not	in hospits	l or institut	ion, give st	reet address or		yland		No.	
	STITUTION					location)	c. CITY OR TOWN		tside corporate l	mits write	e RURAL and give township)
	40	Union M	lemori	al Hos	pital			timore		0	4
c.	ength of	stay in Balti	imore			Yrs. Mos. Days	o. STREET ADDRE	4 Alame	eda Boule	vard	
5.	SEX	6. COLOR O	RRACE	7. SINGLE		ED. RCED (Specify)	8. DATE OF BIRTH	1 9	. AGE (In years last birthday)	Months: I	Year H Under 24 Hours Days Hours Min.
	Male	White		m	ance		may 1,1	891	61		
		CCUPATION (Cof working life, eve		108. KIND	OF BUS	INESS OR	11. BISTHPLACE	State or forei	ign country)		TIZEN OF
A	uto &	a les man	_	D. S. +.	D. m	stora	miss	ouri			
13	. FATHER'S	NAME	7		77.0	101	14. MOTHER'S MA	IDEN NAM	E		
						113		?			4-1-2
	. WAS DECEAS	ED EVER IN U.			16. SOC	URITY NO.	17. INFORMANT		1	ADDRE	ss
	-		-				James E. Da	num	Jessus	es 7	nd.
CATION	heart fail injury of DISEASI	es not mean the lure, asthenia, er complication ANTECEDEN ES OR CONDITIES OR CONDITIES ABOVE CALVING CONDITIES ANTECEDEN CONDITIES ABOVE CALVING CONDITIES CONDITIES CONDITIES CONDITIES CONDITIES ASTREMENT CONDITIES	etc. It mea which c NT CAUS TIONS, IF	ns the diseas aused death EES ANY, GIVII STATING TI	se, a.) OUE (E NG HE OUE	то	sclerotic ca				
RTF	TRIBUTIN	SIGNIFICANT G TO THE DEA DISEASE OR CO	CONDI	NOT RELATE	EO						
CE	The second second second second second	OF OPERATIO				GS OF OPER	ATION				20. AUTOPSY?
ادِ											YES X NO
EDICA	UNDERLYII	NAL CAUSE NG OR CO CAUSE OF	NTRIB-			VJURY (e. g., l street, office bldg.,			n Baltimore Ci	y, give e	act location)
M	21D. TIME OF INJURY	(Month) (Day	y) (Year)		21E. INJU	NOT WHILE	21F. HOW DID	NJURY C	CCUR?		
	22. 1 gent	ifu that I to	ol char				bove, held an	Au	topsy	the	ereon and fron
	the co	vidence obta	ined bu	said Auto	onsu. Ins	pection or 1	inquiry, find that	said dece	spection or Inquested died on	iry the day	y stated above
	23A. SIGN	/	//	resurred j	rom. nu	varat canso	238. CHIEF MI	EDICAL EX.	AMINER		TE SIGNED
	KA	anlay	X .	a.	la	cher M	D. MEDICAL INV	EDICAL EX	AMINER 🔼	July	7 5. 1952
24 TIC	AA. BÜRIAL.	CREMA- Specify)	DATE	- 0	24c. NAM		RY OR CREMATORY		CATION (City, to	wn, or cou	inty) (State)
D	ATE RECEIV	ED BY REG	ISTRAR'S	S SIGNATU	JR.	and ()	25. FUNERAL DIR	ECTOR	our mil	ADD	RESS
	DCAL REGIS		Hund	ington	Wille	aus M	Bul E Su	enowa	She. 3615-17	he hard	tubful/

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6252

BIRTH NO.			CERTIFICAT	E OF DEATH		
1. NAME OF D (Type or Print)	ECEASED FR	ANCES H	ELEN RUBY		2. DATE OF July DEATH	3, 1952
3. PLACE OF D A. Baltimore (B. FULL NAME	City, Maryland 🞾		zerne Ave.	4. USUAL RESIDENCE (institution: residence before admission)
HOSPITAL OR INSTITUTION	Of the massic	a. or medicadi	location		f outside corporate limit	s, with RURAL and give township)
c. Length of s	tay in Baltimore	li	fe Yrs. Mos. Days	D. STREET ADDRESS (II	f rural, give location) Luzerne Ave	
5. SEX female	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify idowed	April 20, 1889	9. AGE (In years last birthday) Mo	Under 1 Year on the Days Hours Min.
10A. USUAL OC rork done during most housew.	CUPATION (Give kind of of working life, even if retired)	108. KIND at home	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S	Joseph			14. MOTHER'S MAIDEN N	unknowr	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Henry G. Ruby,		DDRESS
18. 42	0.1	AN-24L	CAUSE	OF DEATH		INTERVAL BETWEEN
(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode of the complete of the compl	TH of dying, e.g. ns the disease		rong bee	lusus	1 hour
RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II	F ANY, GIVING		mayinsuff	lucy	14.
UNDERLY	ING CONDITION LA	st.	(c) Lne	that pyped	~~~	13 gus.
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	•			
19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., rm, factory, street, office bldg.		(If in Baltimore City, 1	give exact location)
21D. TIME INJURY	(Month) (Day) (Year)	w	HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	Series Chies
	y certify that I att	cnded the	deceased from Qc	taken , 1948, to		that I last saw the
200. SIGNA	TURE Q. R	19320		23B. ADDRESS 3128 Harford	the causes and on the	he date stated above
24A. BURIAL, C TION, REMOVAL (S Burial	GREMA- 24B. DATE July 7,		4c. NAME OF CEMET	ery or crematory 24b. 1		or county) (State)
DATE RECEIVE LOCAL REGIST		s signatul	ILELL.		ral Home. Inc	

. Who wastern in a Best many to the THE POST VICENTIAN CONT. I WERE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Wavid John David Spangler (Type or Print) Spanaky OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City Maryland B. COUNTY lary land (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OF TOWN INSTITUTION (hurch (If outside corporate limits, write RARAL and give Home and Hosnital Yrs. D. STREET ADDRESS of rural, give location) 527 Roundhill Ave. Store Moon 73 agth of stay in Baltimore Days 9. AGE (in years of Under I Year of Under 24 floors of Hours of North Hours of No 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH Jan 20. 1879 Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Retired

COMILI 13. FATHER'S NAME

Andrew J.M. Andrew Spangler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or naknown)

> (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

> > ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

214-01-4461

OUE TO

(B)

14. MOTHER'S MAIDEN NAME

henT2

17. INFORMANT CAUSE OF DEATH

tilisabeth

Thrombosis

HYVERTENSION

21c. WHERE DID

INJURY OCCUR?

DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS

218. PLACE OF INJURY (e. g., in or

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

NO

about home, farm, factory, street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour) F INJURY

21E. INJURY OCCURRED NOT WHILE WHILE AT

22. I hereby certify, that I attended the deceased from_ July 3. 19 12 and that death occurred at 10°5 pm., from the causes and on the date stated above.

> food (a) well p3B. ADDRESS lome and 24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify)

deceased alive on

July 7, 1952 Burial

REGISTRAR'S SIGNATURE

Parkwood

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

19] 2, to July

Vosuli 1

Baltimore, Maryland ADDRESS

24D. LOCATION (City, town, or county)

VS 150

Paul A. Heemann 6067 Harford Rd.

DATE RECEIVED BY

LOGAL REGISTRAS

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337

18.

RTIFICATION

DICAL

before admission)

12. CITIZEN OF WHAT COUNTRY

Johnson daughter BAPPRESS 27 Round Kill INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(If in Baltimore City, give exact location)

., 19] 2, that I last saw the

23c. DATE SIGNED

YES

Spanner Count from the section of same I al frante meet & 5 1 1 16 10 CF -612 C, A 27.000 7 7 000 strong description strong when a whole booward . 1981 . Perkwood AND THE PERSON OF THE PARTY OF THE PARTY OF

600	
- C C - A 1 //	E OF DEATH Registered No. 6254
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH OF JOIN
3. PLACE OF DEATH: A. Baltimore City, Mary and B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lift, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION JOHNS HOPKINS HOSPITAL	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 410 h. mollows 21
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 3 - 2 / -5 3 9. AGE (In years li Under 124 Hours Min. Months Days Hours Min. 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME Carey	14. MOTHER'S MAIDEN NAME
15. AS DECEASED EVER IN U. S. ARMED FORCES? (Yes, b) or unknown) (If yes, give war or dates of privice) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	genital Heart Dieare brith-3mos
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., about home, farm, factory, street, office bldg.	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	보다 하시고 하다 하시는데 이 시간에 가장하는 사람이 하시는데 보고 있다.
Thirt & hard	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) July 5-52 Pheo Du.	RY OR CREMATORY 24D. LOCATION (City, town, of county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR THE THE SIGNATURE OF THE SIGNATURE	25. FUNERAL DIRECTOR ADDRESS With Onc. Baltima e
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1.	NAME OF		RGER			2. DATE OF DEATH 3	JULY 1952
	PLACE OF	City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived	
HC 1N	SPITAL OR STITUTION	,,	al or institut	tion, give street address or location)		(If outside corporate)	mit, write BGRAL and give township)
4 c.	Length of	stay in Baltimore	8	Yrs. Mos. Days		ESS (If rural, give location)	
	SEX	6. COLOR OR RACE		E MARRIED VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
		CCUPATION (Give kind of tof working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME		O HOMES	14. MOTHER'S MA		
		eorge H. Flat			J	ohanna ?	
(Yes	NO OF UDEDOWN	SED EVER IN U.S. ARMED (11 yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO. 本本本本	17. INFORMANT Hospital	Records	ADDRESS
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AL C		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
PEDICA	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., farm, factory, street, office hidg.,			y, give exact location)
Σ	21b. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURS WHILE AT NOT WHILE WORK NOT WHILE AT WORK		INJURY OCCUR?	
	deceased of	ATURE O O D	ended the	and that death occu		to 3 fely 19, 19, from the causes and on	that I last saw the the date stated above. 23c. DATE SIGNED 3 July 1852
24 TIO	A. BÚRIAL. N. REMOVAL (CREMA- 24B, DATE Specify)	105%	Loudon Park		24b. LOCATION (City, to	wn, or county) (State) Ave. Balto., Md.
	Burial TE RECEIVE CAL REGIS		S SIGNATI		25. FUNERAL DIA		ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6256

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE SEORGE ADAM (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RDRAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. D STREET ADDRESS Mos. c. Length of stay in Baltimore 144015 Days AGE (In years | Under | Year last birthday) Months; Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) H Under 24 Hours WIDOWED, DIVORCED (Specify) Hours: Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY ATCHMAN Pemco Co. 13. FATHER'S NAME Popedain Parolly 14. MOTHER'S MAIDEN NAME Thelen Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknowo) (If yes, give war or dates of service) -10-1869 No NNINGHAM INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY EREBRO- LASCULAR HAROMBOSIO LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PTERIOSELERASIS, GENER DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY WHILE AT WORK , 19 52 and that death occurred at 12 5 m. from 19 12 that I last saw the 22. I hereby certify that I attended the deceased from ? Am., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) July 7 Sacred Heart Cemetery 7401 German Hill Rd. Ba. Co. 1952 Burial 25. FUNERAL PIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE 901 S. Conkling St. LOCAL REGISTRAR

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RTH NO.	
NAME OF	DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6257
Registered No.

2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE INTERVAL DETWEEN 002 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 2 IC. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from ______ , 190, to July , 195-, that I last saw the 1952, and that death occurred at 145 f. m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURLAN, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

See Document File for autopsy findings and Dr. Silverman's directive (Dir. Bureau Toc)

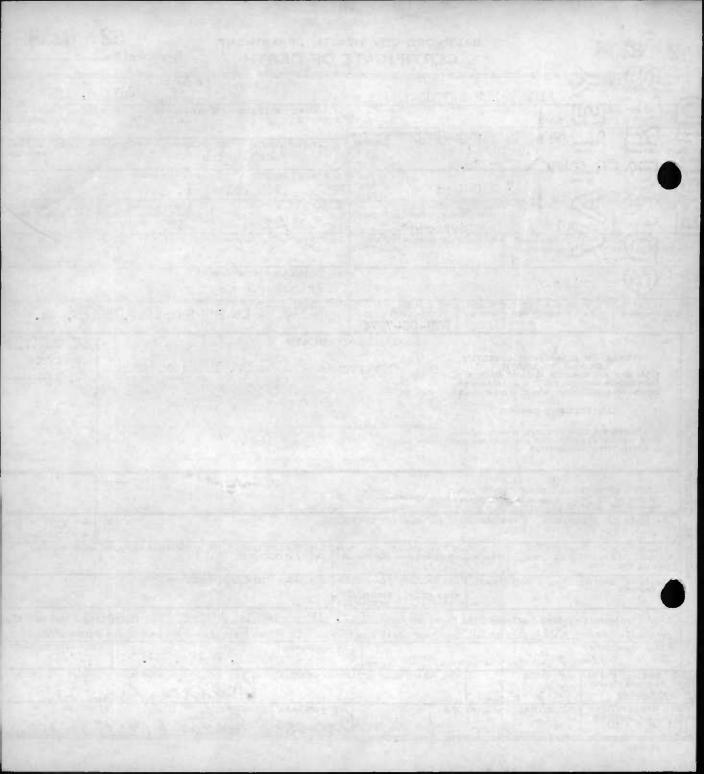
Autors revealed Co of R. Tung with metastases to meliastinum,

also file cassous The of spices of both lungs.

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BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF DI	ECEASED				2. DATE	
(T:	ype or Print)	LEON .	AARON BR	ISCOE		OF July	3, 1952
3.	PLACE OF DI	EATH: lity, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If in	stitution : residence before admission)
			al or instituțio	n, give street address or	11	V - 4	berote aumission)
HO	STITUTION	FUS Public Ho	spital	rvice location	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
		k. Drive & 3			washingth		- CON NOTIFE
5			? 260 da	Yrs. Mos.	D. STREET ADDRESS (If a		
_	Length of st	ay in Baltimore 6.COLOR OR RACE		Days	713 Delaw		der I Veer II Under 34 House
٥,	35	O.COLOR OR RACE	7. SINGLE. WIDOWE	D, DIVORCED (Specify			hs Days Hours Min.
10	M NEILAL OCC	CO1		orced		49	
vork	done during most o	f working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY
13	Labore			Sin		145	USA
13		m Briscoe			14. MOTHER'S MAIDEN NA		
15		D EVER IN U. S. ARMED	FORCECT	16. 606141	Francis Toomey		
(Yes	, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT US PH	S Hospital, AB	alto, Md.
-	10			578-03 - 7974			INTERVAL DETWEEN
	18. 19	2 × _ ı		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEAT	rH	Mvosa	rcoma with multiple	e metastases	Approx
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the disease,	(A)		***************************************	lā yrs
	injury or	complication which c	auscd death.)	DUE TO			
	15000	ANTECEDENT CAUS	SES				
6		OR CONDITIONS, I				*******************************	****
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EDICAL		ENT WAS UNDER-		E OF INJURY (e. g.,		f in Baltimore City, giv	
	CAUSE OF	CONTRIBUTING DEATH	about home, far	m, factory, street, office bldg.	,etc.) INJURY OCCUR?		
Σ		Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	INJURY			HILE AT NOT WHILE			
	22 I hereb	y certify that I att			et. 17 , 19 5] to Ju	ly 3 19.52	that I last easy the
	dcceased al				rred at 9 P m., from th		
	23A. SIGNAT		_, 10 w		23B. ADDRESS		23c. DATE SIGNED
	0		onder	M.D.	US PHS Hospital, B	alto, Md.	7/5/52
K.F.	N REMOVAL (S	REMA- 24B. DATE	2.	4c. NAME OF CEMET	ERY OR CREMATORY 24D. LC	OCATION (City, town, or	r county) (State)
K	morra	e 7-5.8	12		Wa	sherefac	- HC
D/	ATE RECEIVE	BY REGISTRAR	SSIGNATUE	RE,	25. FUNERAL DIRECTOR	F3 4	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

52 625

Registered No___ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Benjamin M. Blumenthal DEATH July, 5,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Balto

B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1701 N. Ellamont St. INSTITUTION township) einblatt Nursing Home Baltimore Md D. STREET ADDRESS (If rural, give location Yrs. Mos c. Length of stay in Baltimore 2022 Eutaw Place Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years II Under 1 Year II Under 24 Hours last birthday) Months; Days Hours; Min. Sept. 14.1879 10A. USUAL OCCUPATION (Glyckindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jobber Baltin ore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gan Moder (W) Isaac Blumenthal Ross Nvers 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Sydney Rlumenthal Liberty st INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinoma of sigmoid LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 195 mene 1451 resterin 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY , 19 4 M 5 195 That I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on My 4 195 Land that death occurred at 8 30 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B, DATE Buria. DATE RECEIVED BY REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT

52 6260

CERTIFICATE OF DEATH Registered N 1. NAME OF DECEASED 2. DATE OF 5-19-52 (Type or Print) Eugene Green 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 494 O Eastern Avenue township) o. STREET ADDRESS (If rural, give location)
118 Aisquith Street Yrs. 8 Yrs. Mos length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours Min. WIDOWER DIVORCED (Specify Negro Ma le March 31, 1901 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patsy Lawson Thomas Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 3 weeks? Cancer of head of pancreas LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO Post op. acute gastric dilatation 6 hrs. ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-Bronchiectosis and cardiac years TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION AL Cancer of head of pancreast obstruction May 16, 1952 NO X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE WORK 12-10 1951 to 22. I hereby certify that I attended the deceased from deceased alive on 1952, and that death , that I last saw the and that death occurred at 1:352 m., from the causes and on the date stated above. 23A. SIGNATURE 4940 Eastern Avenue 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIREC LOCAL REGISTRAR

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Registered No. 6261 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ERNEST CLARK May 29. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore City Morgue D. STREET ADDRESS (If tural, give location) Mos. unknown gth of stay in Baltimore Days 6 COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. colored male Apr. 22, 1901 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH . 8 ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Drowning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B)

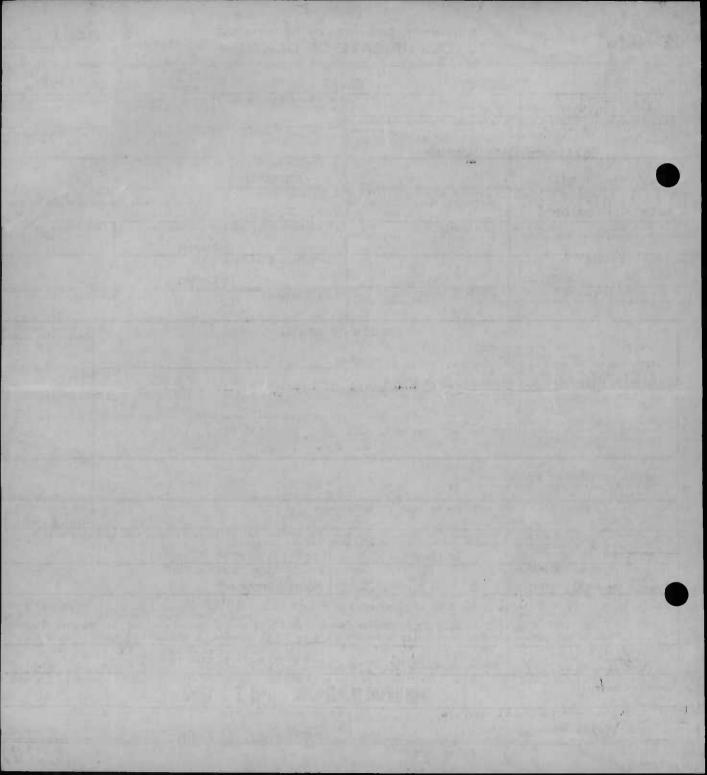
ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? harbor Foot of Market Place 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Found drowned Found May 29. autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \(\sigma\), accident \(\mathbb{A}\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\).

23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR May 29 24A. BURIAL. CREMA-248. DATE EMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

ADDRESS



REA-159410

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6262

Registered No ._

ВІ	RTH NO.	Wallister III I		CERTIFICAT	E OF DEATH	Registered No	0
1.	NAME OF D	ECEASED	Ed	Whitney		2. DATE OF May 25	5, 1952
	PLACE OF D Baltimore (EATH: City, Maryland	History.		4. USUAL RESIDENCE		nstitution : residence before admission)
B. HO				cion, give street address or location)	Maryland c. CITY OR TOWN (Baltimore	If outside corporate limits,	
) c.	Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRESS ()		
	sex Male	6.COLOR OR RACE	WIDOW	E. MARRIED, VED. DIVORCED (Specify)	8. DATE OF BIRTH Oct. 25, 1888	9. AGE (In years last birthday) Mon	ths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of if working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	Daniel W	. Whitn	ıey	14. MOTHER'S MAIDEN I		
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. I		DRESS A Avenus
ERTIFICATION	OTHER S	EE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which complication which complication was complicated to the complication of the complication was complicated to the complication of the compli	rh if dying, e. g. f. f. dying, e. g. f.	(A) Ur	OF DEATH Penia Onic Pyslonephrit	is	INTERVAL BETWEEN ONSET AND DEATH ?
U	TO THE DI	SEASE OR CONDITION	CAUSING I		PATION		20. AUTOPSY?
1EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., is farm, factory, street, office bldg.,		(If in Baltimore City, gi	
2	Z CAUSE OF DEATH 2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR? WHILE AT WORK MY WORK AT WORK						
		y certify that I att	ended the	deceased from	5-24 19 52 to	5–25 , 19 52	that I last saw the
	deceased al		19 06		red a 10:204 m., from 38. ADDRESS 940 Eastern Aven		23c. DATE SIGNED 6-24-52
	A. BURIAL, C N, REMOVAL (S		9	24c. NAME OF CEMETE	RY OR CREMATORY 240.	6 1952	r county) (State)
	TE RECEIVED CAL REGIST		stor /	Villiacus M.P.	25. FUNERAL DIRECTOR	f Realth	ADDRESS
	VS 150	1	195	2 0 000	6 -20		

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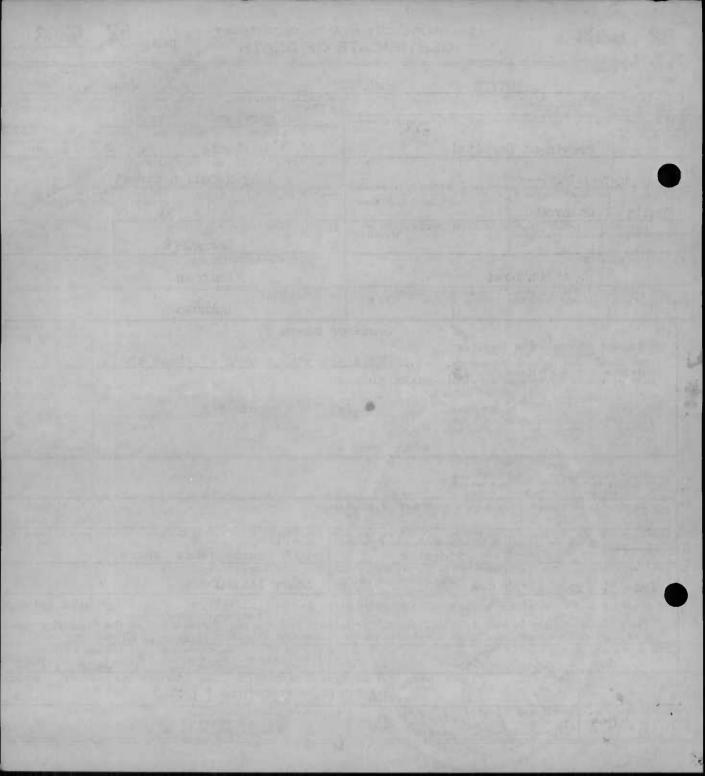
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

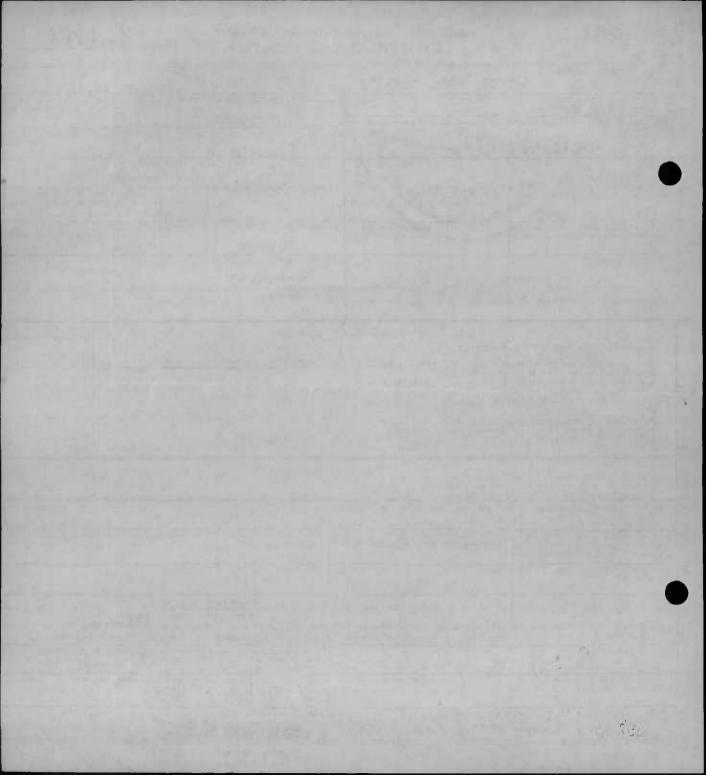
Registered No. 6263

В	RTH NO.						
	NAME OF E		TTIE	MAULES	TY	2. DATE OF DEATH June	3, 1952
В.	FULL NAME	City, Maryland		ion, give street address or	4. USUAL RESIDE	NCE (Where deceased lived. If in B. COUNTY	
	STITUTION	Provident H	[ospita]	location)	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give
	agth of s	stay in Baltimore		Yrs. Mos.	o. STREET ADDRE	SS (If rural, give location) 3 McCulloh Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH		der 1 Year If Under 24 Wours
	Female	Colored	WIDOW	ED, DIVORCED (Specify)		last birthday) Mont	
worl	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME Unkno	wn		14. MOTHER'S MA	Unknown	SHATT
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Unknown	DRESS
CERTIFICATION	(This doe heart fail in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of the complex	I'H f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Massi	en ve left hemo	thorax	
CE	1 7	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
						A SECTION OF THE PARTY OF THE P	YES X NO
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1007 Pennsylvania Avenue 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Sharp instrument 21 Certify that I took charge of the remains described above, held an Autopsy Autopsy thereon and from						
i	the ev and de	eath in my opinion	said Auto	psy, Inspection or I rom: natural causes	nquiry, find that \Box , accident \Box , s	said deceased died on the suicide , homicide , unc	$letermined \square.$
24	A. BURIAL.	CREMA- 24B. DATE	will -	M. 4c. NAME OF CEMETE	D. MEDICAL INVE	STIGATOR J	une 3, 1952 county) (State)
	N. REMOVAL (S			UNIVERSI	Y MEDICAL SCHOOL	JUN 1 1 1952	
DA LC	CAL REGIST	352 Hunting	ton W	Miaus, M.D.	25. FUNERAL DIRE	CTOR A	DDRESS
٧	S 151 /	- 869.20	J 447	area of the	6	The Date of	V



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF LILLIE MAE LOCHART DEATH May 21 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Maryland "I not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give township) HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 119 N. Exeter Street ngth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) female colored IOA. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\supseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED

Ü ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248, DATE 24c. NAME OF CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 151



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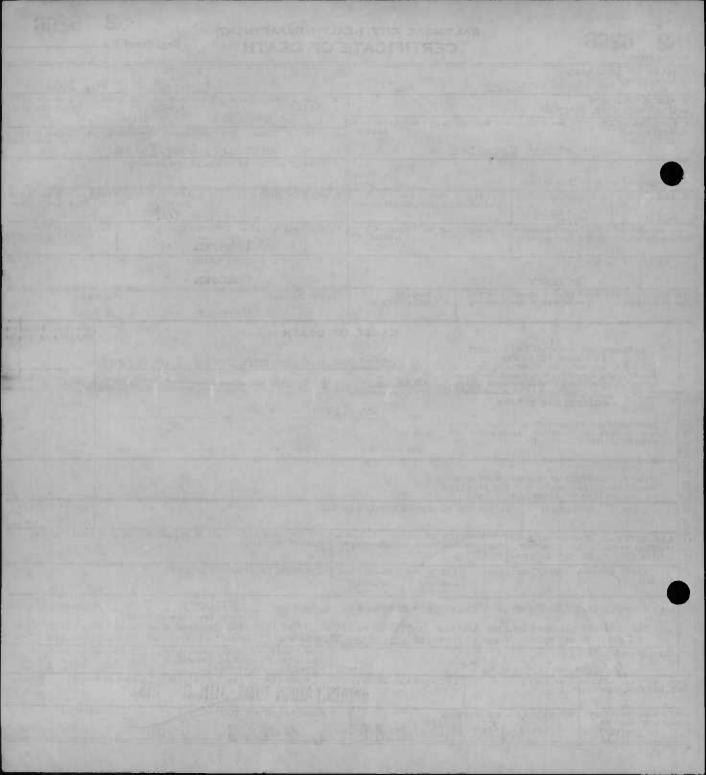
151

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF FRANCIS JOHN PORTER April DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital Unknown Yrs. D. STREET ADDRESS (If rural, give location) Mos. Unknown c. Length of stay in Baltimore Days 9. AGE (In years) If Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) white male 59 yrs.? 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY rork done during most of working life, even if retired) Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN 5810 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Cirrhosis of the liver LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES Y (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED NOT WHILE AT WORK autopsv thereon and from. 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... Carele MEDICAL INVESTIGATOR. 24D. LOCATION (City, town, or county) ZAA. BURIAL, CREMA-1248. DATE T(ON, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY STRAR'S SIGNATURE DATE REGISTRAR

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52		6266
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE OF HENRY LEVY May 20 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) New York B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give Provident Hospital Westbury, Long Island D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify 69? Male Colored 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **Hnknown** Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Unknown INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) KKROG ANTECEDENT CAUSES (B) Fatty liver ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23C. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER. May 20. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) 24B. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



6267 VMC-158834 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Elmer Wolfe DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3832 8th Street-25 48 yrs. c. Dength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Nov. 15, 1866 widowed 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Wolfe Joanna Protzman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue 18. CAUSE OF DEATH 610 X ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Urinary Obstruction from hemorrhage (This does not mean the mode of dying, e.g., 2 wks. heart failure, asthenia, etc. It means the disease. into bladder injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION . 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 6-2-52 Retropubic prostatectomy 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 5-3-1952 to 7-3-19 52 that I last saw the 1952 and that death occurred at 5:50A m., from the causes and on the date stated above. deceased alive on 7-3-23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. 7-3-52 24c. NAME of CEMETERY on CREMATORY | 24o. LOCATION (City, town, or county) 24A. BURIAL, GREMA 24B. DATE

LOCAL REGISTRAR VS 150

FUNERAL DIRECTOR

THOU REMOVAL (Specify) DATE RECEIVED BY

風雨步 元对原则的 计二人员行动数

Decision, Maternal Mortality Comm.

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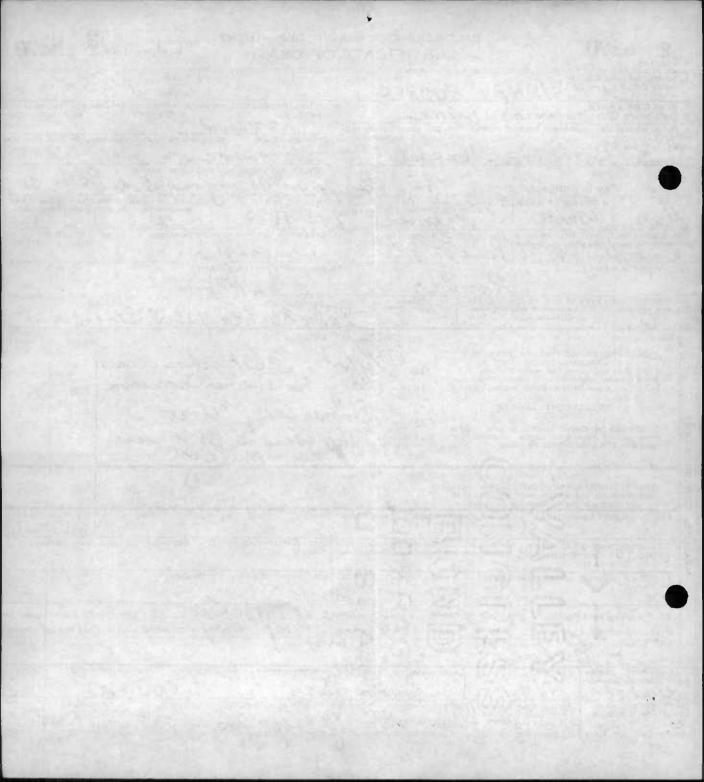
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6269
Registered No.

BIRTH NO.				L OI DEATH		
1. NAME OF I (Type or Print)	JAMES TAMES	FKELLY			2. DATE OF DEATH	12/4,1952
a. Baltimore	City, Maryland	ital or institution, gi	vo street address on	A. USUAL RESIDE	ENCE (Where deceased lived.) B. COUNTY	If institution; residence before admission)
HOSPITAL OR INSTITUTION	LUTHERAN			BALTO.	(If outside corporate lim	its, write RURAL and give township)
	stay in Baltimore	LIFE	Yrs. Mos. Days	31771.7	PARK AJA.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MAI WIDOWED, D	RRIED, IVORCED (Specify)	2/21/18	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
vork done during most	CCUPATION (Give kind of or working life, even if retired of the control of the co	(10B. KIND OF E	SUSINESS OR NDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	chael R	Kell	4	14. MOTHER'S MA		4
You and off other war		D FORCES? 16/	SOCIAL SECURITY NO.	17. INFORMANT	elly 317 Par	ADDRESS K Cluz
(This doe heart fail injury of	SE OR CONDITION LEADING TO DE- se not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAL	ATH of dying, e. g., cans the disease, caused death.)	(A) SHA	OF DEATH OCK DE ALNUTRI	NX DRATION TION	ONSET AND DEATH
RISE TO UNDERL	ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION I II SIGNIFICANT CONE) STATING THE AST.	(C) GEN	ERALIZED	ANTERIOSCLE	au p
TRIBUTIN	G TO THE DEATH, BUT	NOT RELATED				
19A. DATE	OF OPERATION	19B. MAJOR FINE	DINGS OF OPER	ATION		20. AUTOPSY?
HOMICIDE	ENT. SUICIDE. (Specify) NONE		FINJURY (e. g., is tory, street, office bldg., a			give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. II while a m. work		ED 21F, HOW DID	INJURY OCCUR?	
	live on JULY 4	tended the deceded, 19 52, and t	hat death occur	red at 150 Am., 38 ADDRESS	to 1524 - 7/4, 199 from the causes and on	
24A. BURIAL.	Special 7/7	700	Loudon	0 4	3 alto, 7	n, or county) / (State)
DATE RECEIVE	D BY REGISTRAR	s SIGNATURE	alus Mir.	25. FUNERAL DIR	LXR. 1217 St. J	and F
VC 150	1 5:00	7	2 0.00	0 6. 0	0	-

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7.0	
BALTIMORE CITY HEALTH DEPARTMENT	52 com
52 6270 CERTIFICATE OF DEATH Registered N	10 0 DE AU
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) M.R. HENRY KOCHER 2. DATE OF DEATH	352
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltware A. STATE A. STATE B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN	write RURAL and give
South Bost Gow Hospital Baltoure 2	township)
Yrs. D. STREET ADDRESS (If rural, give location)	0 1 2
c. Bength of stay in Baltimore 45 Mrs. 1206 Weelungton Blid.	betto 30
	onths Days Hours Min.
Male while Middle 1-13-1880 72	
10A. USUAL OCCUPATION (Give kind of oreign country) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER NAME	
1 000	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17_INFORMANT A	DDRESS .
(Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO. John Rocher 928 J. St.	
1B.) TY . CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Clary to Gastie Casticianus	-
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO HELPERTEUSINE CV descent	
i J deiniflustien	*******
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, fectory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about bome, farm, fectory, street, office bldg., etc.) INJURY OCCUR?	give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
TO THE NOT WHILE AT WORK AT WORK	
	that I last saw th
deceased alive on the causes and on the death occurred at 9:20 m., from the causes and on the	
238. ADDRESS	23c. DATE SIGNED
24A. OURIAY, GREWA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town,	or county) (State)
PION: REMOVAL (Specify)	10
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
111 6 = 1952 Huntington Wallaus, M.J. WM Ook Inc. 1217 St. 1	and St
vs 150	



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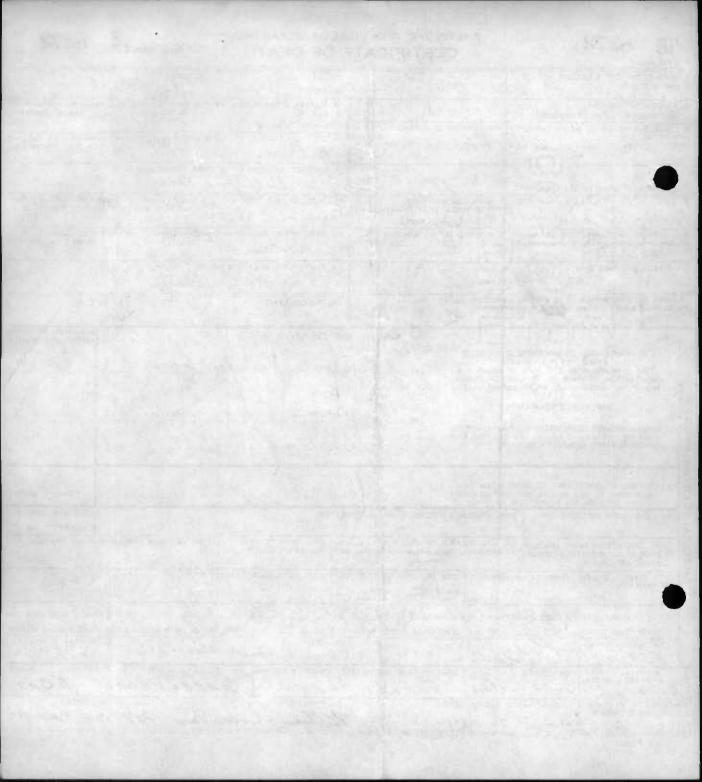
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6271

BIR	TH NO.					
	AAME OF DECEASED De or Print) MERVIN SHI	PLEY				4, 1952
. 10	LACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission) Maryland SANDO		
B. F HOS INS	ULL NAME OF (If not in hospits of the print	Lual		c. CITY OR TOWN (If Baltimore		, write RURAL and give township)
1	yman Pk. Drive & ?	ilst St.	Yrs.	o. STREET ADDRESS (If	rural, give location)	
5-		?	Mos.	2002 Beechfie		5300
	Length of stay in Baltimore	7 011101	Days	8. DATE OF BIRTH	I 9 AGE (in years) If	Under 1 Year If Under 24 Rours
5. 5	6. COLOR OR RACE	WIDOW	E. MARRIED. ED, DIVORCED (Specify)		last birthday) Mor	ths Days Hours Min.
	M W		ngle	10/15/09	42	12 CITIZEN OF
	. USUAL OCCUPATION (Give kind of lone during most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Seaman		Seafarer	W.Va.		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N.		
	Charles L. Shiple	У	S. C. S. C.	Louise Wright	,	
15. (Yes,	WAS DECEASED EVER IN U. S. ARMEI no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records - US PH	IS Hospital,	Balto, Md.
-	10		CALISE	OF DEATH		INTERVAL BETWEEN
18. 58/,0 I CAUSE OF DEATH					ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				rhosis of the liv	er	Unknown
	(This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of	ns the discas	3-, (A)e,			
	ANTECEDENT CAUS	SES	Tef	t hemothorax atel	ectasis,	Unknown
Z			(B)	left lung		
0	DISEASES OR CONDITIONS, I	STATING TH	YG	mond of mondo		
A	UNDERLYING CONDITION LA		(C)			
2						
ERTIFICATION	OTHER SIGNIFICANT COND	TIONS CO				District Contract
ER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT	NOT RELATE	ŁD .			
U.	19A. DATE OF OPERATION	19B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
7	ION. DATE OF OPERATION					YES X NO
0	21a. ACCIDENT WAS UNDER-	218. PL.	ACE OF INJURY (e. g.,		(If in Baltimore City, a	give exact location)
MEDICAL	LYING OR CONTRIBUTING CAUSE OF DEATH	about home,	farm, factory, street, office bldg.,	,etc.) INJURY OCCUR?		
Σ	10. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		RY OCCUR?	
	FINJURY	m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I at	4 7 - 7 47	Jaconson Jum Ju	ane 30 19 52 to	July 4 . 19	5, That I last saw the
	deceased alive on July 4	tenaca the	and that death occur	rred at 3:45 m from	the causes and on the	he date stated above.
	23A SIGNATURE LUNG	_, 19_04	ana that aeath octa	23B. ADDRESS		23c. DATE SIGNED
	John F. Lowney, SA	Surgeon		US PHS Hospital	, Balto, Md.	7/4/52
24	240. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (State)					
TIE	Removal (Specify) 4/7/52 Keysen W. Va.					
-	ATE RECEIVED BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
LC	CAL REGISTRAR	+ 11	111: 0 11	VITH CON1.0.0	1217 St P	15
1	UI 6 = 1952 Toutag	glove /	Marine, My.	M & MICHE	a Jan	
	VS 150	7	/22	C		
1			6/3	3		

Act of The Thirtee Land March 1986 And 1986

363	STEWAI	T	*	
	TIMORE CITY HE	E OF DEATH	Registered No.	6272
1. NAME OF DECEASED (Type or Print) Sturant N	Mrs. Christ	ina		5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimn		4. USUAL RESIDENCE (WI	here deceased lived. If inst	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution Hospital OR Church Home Hospinstitution Church Home Hospinstitution	on, give street address or	c. CITY OR TOWN (If a	outside corporate limits, w	rite RURAL and give township)
c. Bength of stay in Baltimore	years Yrs. Mos. Days		ural, give location) Road.	5354
F / Y// + WIDOW	MARRIED. (ED, DIVORCED (Specify)	B. DATE OF BIRTH / February 18, 1875	9. AGE (In years last birthday) Months	r i Year M Under 24 Hours B Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Scotland.	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Brown, William.		14. MOTHER'S MAIDEN NA Christina		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no or unknown) (If yos, give war or dates of service) ***Co.**	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	e, (A) Cura	of DEATH Sascular tensive Cardio iordrosis, Ge		Sweral years
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	T. Ubd	ominal antic	aneuryami	for years
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	ACE OF INJURY (e. g., in inrm, factory, etreet, office bldg., e		in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased from July 2, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952 and that death occurred at 4 40 km., from the causes and on the date stated above.				
231. SIGNATURE Laura	м. р.	38. ADDRESS Church Home	topital 2	13c. DATE SIGNED fully 5, 1952.
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) REMOVAL JULY 6, 1952	FOREST	,	CEENS BORO	
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	IRE	25. FUNERAL DIRECTOR		DDRESS
UL 6 = 1952 Huntington /	May My "			



ES CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print)
Rysan, Mrs. Dora Marie July 3, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: before admission) A. STATE R COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Saint Joseph Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 212 Parkwood Road. ngth of stay in Baltimore Days 9. AGE (In years # Under | Year 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 17,1900 51 White Married female 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Housewife Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or uuknown) SECURITY NO. CAUSE OF DEATH 18. 005 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Pulmonary Edema (This does not mean the mode of dying, e.g., (A) heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES due to Chronic Pulmonary disease RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Tuberculosis (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL VES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR?

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT

NOT WHILE WORK

22. I hereby certify that I attended the deceased from July 2. deceased alive on July 3, 19 52 and that death occurred at 6120 pm., from the causes and on the date stated above.

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248, DATE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR deales. Mes

23B. ADDRESS

St. Joseph Hospital

23c. DATE SIGNED

July 3, 1952

, 19 52 to July 3, , 19 52that I last saw the

LOCAL REGISTRAR

VS 150

24A. BURIAL, CREMA

TION. REMOVAL (Specify) Suriak

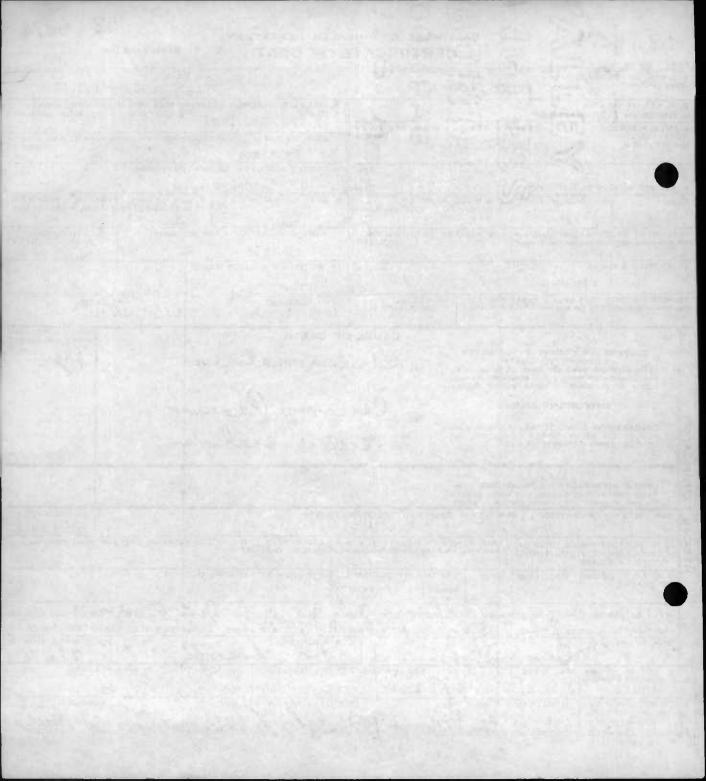
DATE RECEIVED BY

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	52 6274		EALTH DEPARTMENT	Registered N	
ВІ	RTH NO.	CERTIFICATE	E OF DEATH	registered iv	
1. (T	NAME OF DECEASED ype or Print) Isaac R:	ichman		OF July	5,1952
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	B COUNTY	nstitution : residence before admission)
	SPITAL OR	itution, give street address or location)		f outside corporate limits	meda DIIDAY J -i
	STITUTION 4203 Springdale	Ave	Baltimore	15-	township)
c.	Length of stay in Baltimore	50 Yrs Mos.	D. STREET ADDRESS (III		
5.	SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED. DOWED, DIVORCED (Specify) DOWET	8. DATE OF BIRTH	9. AGE (in years)	Under I Year If Under 24 Hours https://doi.org/10.1001
10 vorl	A. USUAL OCCUPATION (Givehind of 10B. K done during most of working life, even if retired) Tailor Presser	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	and di	14. MOTHER'S MAIDEN N	AME	1,017
8	Hyman Richman	eroshing(n)	Unkown	AME	
15 (Ye	a, mo or unknown) (If yes, give wer or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT Jack Richman	3708 Dennlyn F	PORESS
RTIFICATION	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the difficulty or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A)	eirons Par elise einb	olio	
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
	19A. DATE OF OPERATION () 19B. MAJ	OR FINDINGS OF OPER	RATION		YES NO
MEDICAL		PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., c		(If in Baltimore City, g	ive exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE				Y OCCUR?	
	22. I hereby certify that Lattended		13 31 19 to	the causes and on th	that I last saw the
	23A. SIGNATURE Bernand		3B. ADDRESS Mareles	vQ	23c. DATE SIGNED
Z. Ti	4A. BURIAL CREMA- ON REMOVAL (Specify) Burial July 6.1952	24C. NAME OF CEMETE	RY OR CREMATORY 24D. I	V	

DATE RECEIVED BY LOCAL REGISTRAR

Sille Allwood Bus W Northan REGISTRAR'S SIGNATURE

VS 150

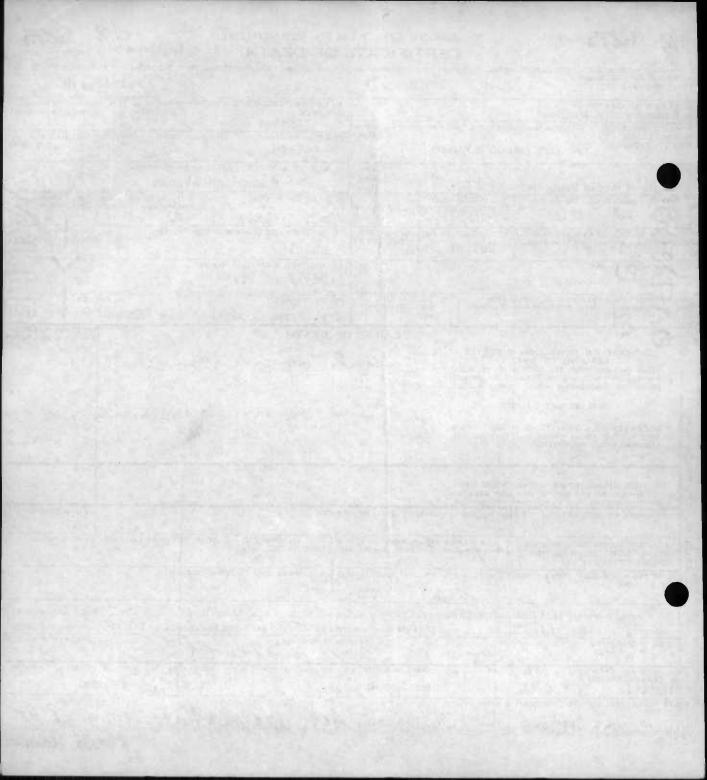


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52	6275

CERTIFICATE OF DEATH

52 6275

Registered N BIRTH NO I. NAME OF DECEASED 2. DATE JACOB GOODMAN July 5,1952 (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2594 Edmondson Avenue township! Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 43 yrs. 2594 Edmondson Avenue c. Leigth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) Male White Oct. 5, 1869 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF Railor Shop INDUSTRY vork donaduriog most of working life, aven if retired) WHAT COUNTRY? Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon Goodman Phyliss ??? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uuknowu) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uuknowu) SECURITY NO. Mrs. Anna Goodman- 2594 Edmondson Avenue INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY myocorded we faction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL NO 4 YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT AT WORK WORK 1950 , 19 that I last saw the 19_ 22. I hereby certify that I attended the deceased from. . to. and that death occurred at 5th m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 7-11-12 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE Baltimore, Maryland 7/6/52 Bnai Jacob Cong. Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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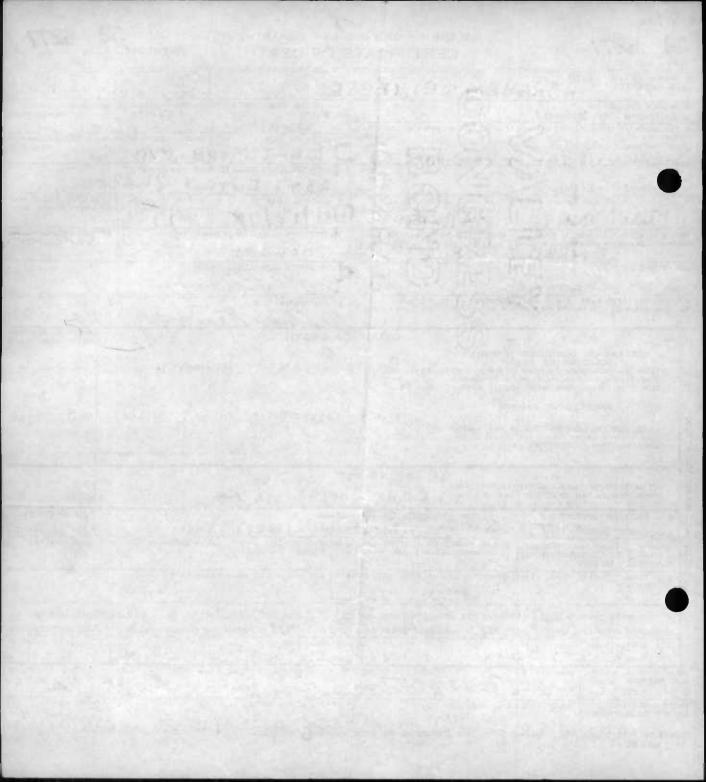
6276

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	6276
Registered	No	

(Type or Print)	SAMUEL	F. MILLER		OF July	4,1952
3. PLACE OF DEATH: A. Baltimore City, M			4. USUAL RESIDENCE (stitution ; residence before admission)
HOSPITAL OR	901 Edgewood	citution, give street address or location)		f outside corporate limits,	write RURAL and give township)
c. Length of stay in	Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 3901 Edgewoo		
	or or RACE 7. SIN	GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 4 1896	9. AGE (In years last birthday) Mont	der I Year II Under 24 Hours he Days Hours Min.
10A. USUAL OCCUPATI work done during most of working Sales Manager	ON (Give kind of 10B. K life, eyen if retired) Compete Oil	INDUSTRY	11. BIRTHPLACE (State or I Baltimore M	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis Mi		12, ve 0, v (W)	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER (Yes, no or unknown) (If yes	IN U. S. ARMED FORCE: , give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Leland C M	_	oress ewood Road
Diseases or co	II CANT CONDITIONS E DEATH, BUT NOT RE	CON-			
19A. DATE OF OPER	RATION 198. MA.	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. ACCIDENT W. LYING ☐ OR CONT CAUSE OF DEATH 21D. TIME (Month) FINJURY		PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F, HOW DID INJUR	(If in Baltimore City, giver of the City) of the City	
22. I hereby certical deceased alive on.		1	4 52,19, to rred at 123 p.m., from 23B. ADDRESS 3.64	the causes and on the	that I last saw the date stated above.
24A. BURIAL, CREMA- TION REMOVAL (Specify) Burial,	24B. DATE 7/6/52	Hebrew Frie		location (City, town, or ltimore, Maryl	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGN	Williams, M.	25 FUMERAL DIRECTOR	J Bios - 11	24-26 W.
VS 150	0	2000	6	N	orth Areur

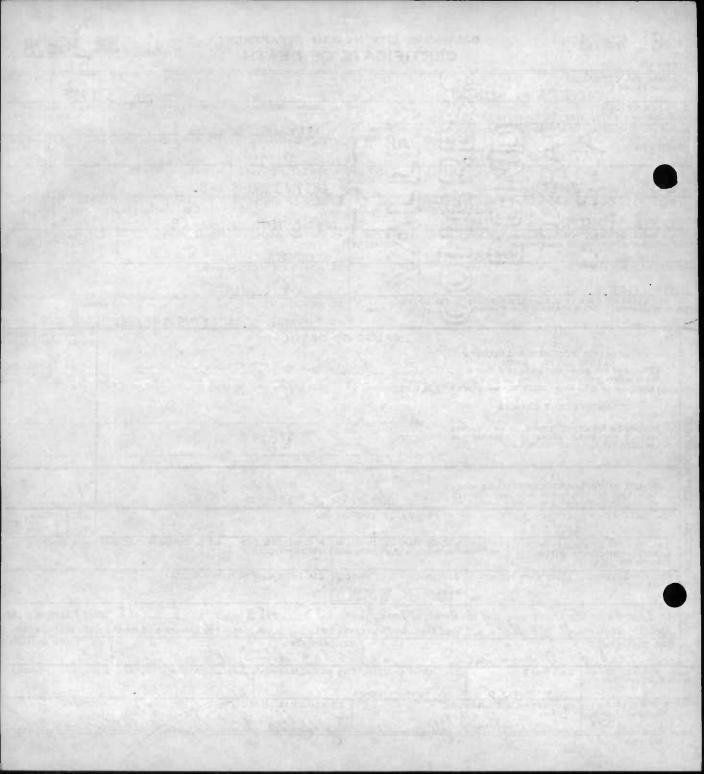
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52 6277 BALTIMORE CITY HEALTH DEPARTMENT 52 6277 Registered No.					
BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No_		
1. NAME OF DECEASED (Type or Print)	0 to 1.5 C 1.1 0 E C		2. DATE OF	4 1200	
3. PLACE OF DEATH:	am weinber	4. USUAL RESIDENCE (W	DEATH JUL	itution: residence	
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission	
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	loeation)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give	
SINAL WOSPITAL OF	BALTIMORE THE		ural, give location)		
c. Egth of stay in Baltimore Days 2347 EUTAW PLACE					
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED.	8. DATE OF BIRTH		er 1 Year If Under 24 Hours	
Plate WHITE	WIDOWED, DIVORCED (Specify)	11/18/77	70		
10A. USUAL OCCUPATION (Givekind of vork done during most of working life, even if retired)	BE. KIND OF BUSINESS OR	ROLAND	reign country) 12	. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME	112)	14. MOTHER'S MAIDEN NA	ME		
not known		not kno	ww		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of a	ORCES? 16. SOCIAL SECURITY NO.	17 NFORMANT	- Lan ADD	RESS	
•		lessie 11e	urery,	INTERVAL BETWEEN	
18. 470,0 and	11.	OF DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy	O. ve	: CORONDRY DIS	EASE	Immediate	
heart failure, asthenia, etc. It means the injury or complication which cause	he disease,	······································			
ANTECEDENT CAUSES					
		RIOSCLEROSIS HE	ext Disease	25-30yrs	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ATING THE DUE TO				
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) 574 UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION	(C)		***************************************		
	ABDOMINA	L			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT		omatosis of		A LOS TRAIN	
O TO THE DISEASE OR CONDITION CA	MAJOR FINDINGS OF OPER			20. AUTOPSY?	
3 June 28, 1952	A BDOMINAL C	000000000000000000000000000000000000000	iosis	YES NO	
- I 21A. ACCIDENT WAS UNDER. L	21B. PLACE OF INJURY (e. g., in court home, farm, factory, street, office bldg., c		f in Baltimore City, give	exact location)	
21D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
OF INJURY	m. WHILE AT NOT WHILE				
22. I hereby certify that I attend	ded the deceased from Juc	41 , 1952, to Ju	vey 4, , 1952, t		
deceased alive on July 4, , 1	952. and that death occur	red at 1245 Pm., from th			
23A. SIGNATURE & BUTE	10	3B. ADDRESS	Bald mi	23c. DATE SIGNED	
24A BURIAL, CREMA- 24B. DATE) m. b. 1	RY OR CREMATORY 24D. LC	CATION (City, town, or	edunty) (State)	
TION REMOVAL (Specify) 7-6-5	- ballemor	e Hebrew	Hatto	ma	
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR	GIGNATURE	25. FUNERAL DIRECTOR) ^	DORESS	
1959 H tim	ton Williams My	alk persil	Ne Ziao E	reten //X	
JUVS 450	2000	1.4			
	1010	0 / 1			



CERTIFICATE OF DEATH

egistered No. 6278

BIRTH NO.			CERTIFICAT	E OF DEATH	Registered .	NO	
1. NAME OF D	ECEASED				2. DATE		
(Type or Print)	MATILDIA A.	WILKEN	5		OF DEATH TITTY	5 1952	
3. PLACE OF D				4. USUAL RESIDENCE	(Where deceased lived, 1) B. COUNTY		residence re admission)
B. FULL NAME			on, give street address o		P. AVR.	pero	re admission)
OSPITAL OR locatio					If outside corporate limi	ts, write RUI	
Mairionon	1817 WHITMOR	RE AVE.		BALTIMORE	15.	03	township)
		3	O Yrs.	D. STREET ADDRESS (f rural, give location)		
c. Length of s	stay in Baltimore		Mos. Days	I 817WHITMORE	AVE?		
5. SEX	6.COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year	If Under 24 Hours
FEMALE	WHITE	WI DOW		HINE 1 T870	82	onens Days	Hours Min.
10A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZI	
ork done during most	of working life, even if retired)	HOUSE	וndustr' קים דה	ROCKHALL		WHAT	COUNTRY
13. FATHER'S	NAME	HOUSE	WILDS	14. MOTHER'S MAIDEN	NAME		
DOMESTIC OF	V P AVDEC			MATON W CAC	מאינ		
DOMENT CI	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	MARY K. CAS		DDRESS	
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.				A 3770
18. 11.			CALICE		TIKINS TOT TWH		AVE
70	* /		CAUSE	OF DEATH			AND DEATH
	SE OR CONDITION LEADING TO DEAT	TH	- 10	un una man Ahn	mlana	2	house
heart failu	s not mean the mode ourc, asthenia, etc. It mea	ns the discas	2,	7			
injury or	complication which c	aused death	DUE TO			F	
	ANTECEDENT CAUS	SES		V V			
DISEASE	S OR CONDITIONS, I	F ANY. GIVIN	(B)				
	THE ABOVE CAUSE (A)		E DUE TO			5.4	
S S		1	(C)				
			-				
	SIGNIFICANT CONDI			te Prelity.		1/2	- H
	ISEASE OR CONDITION		r. ucu	ie Oyeurs			7
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		Г	AUTOPSY?
<u> </u>	I WAL	1 01- 01-	SE SE 111 11 11 1	Lote Walent Din	(M. in Daltinous City	YES	NO
	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office hldg.		(If in Baltimore City,	give exact i	ocation)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJU	RY OCCUR?		
MOOKI		m.	WORK NOT WHILE				
22 I herek	a contifue that I att				July 5 195	2+hat II	net earn the
deceased alive on 1, 1952, and that death occurred at							
238 SIGNATURE 28C. DATE SIGNED							
50	I d. Thum	Lerr	M. D.	4108 flets /	H.	July -	2.2.T
24A. BURIAL.	CREMA- 24B. DATE	1	24c. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, town	n, or county)	(State)
TION, REMOVAL (S	JULY 7 T	052	WESTEIL CHAPEI	RC	OCK HALL MD.		
DATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS	5
LOCAL REGIST	952 Huntin	storm!	VIII our Ho	Juillis me	Ils Cheste	town	n mel
VS 150		0	The state of the s	6 2 7 5			
	月 明報 4	11 6					



NAME O	Dinger,
52 RTH NO.	6279

BALTIMORE CITY HEALTH DEPARTMENT

52 6279

BIRTH NO.	413		CERTIFICAT	E OF DEATI	Н	Registere	d No	
. NAME OF D	ECEASED					2. DATE OF T		
Type or Print)	Dinger, Emma			DEATH JU	ly 4, 19			
Baltimore C	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Who	ere deceased lived. 8. COUNTY		: residence ore admission)
FULL NAME		al or instituti	ion, give street address or location)					
NSTITUTION				C. CITY OR TOWN		itside corporate li	mits, write RU	(RAL and give township)
	Saint Joseph	Hospita		Baltimore		<u> </u>	0 3	
			Yrs. Mos.			rai, give location)		
s. SEX	tay in Baltimore	7 SINGLE	Days E. MARRIED,	B. DATE OF BIRTH		9. AGE (In years	If Hoder 1 Year	If Under 24 Hours
Female	White	WIDOW	ED, DIVORCED (Specify)			last birthday)	Months Days	
OA LISUAL OC	CUPATION (Give kind of	Sin	OF BUSINESS OR	Oct.14, 18		of yr.	12. CITI2	FN OF
	of working life, even if retired)	Geo 1	Panzer & Sons			,	W52	T COUNTRY?
3. FATHER'S N		deo.		Baltimore		A F		
Carl Di			PILILLING	August	ta Engl	ehardt		
	ED EVER IN U. S. ARMEI	FORCES	I 16. SOCIAL					
(es, no or naknowa)	(If yos, give war or dete	of nervice)	NO NO.	Miss Wilhelm	nina Mu	eller1	725 Flee	t St.
18. / /	-4 x		CAUSE	OF DEATH	da da			VAL BETWEEN
	SE OR CONDITION	DIRECTLY					ONSE	AND DEATH
	LEADING TO DEA	TH	. Intes	tinal Obstruc	ction			
heart failu	re, asthenia, etc. It mes	ns the diseas	e,					
injury or	Elit Me		.,					
,	ANTECEDENT CAUS) ES	(a) Adeno	carcinomaof	Rectum-	Recurren	t	
	S OR CONDITIONS, I		1G					
	YING CONDITION L		(C)					
2								
OTHER S	II SIGNIFICANT COND	TIONS CO	N.					
TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	ED					
/			FINDINGS OF OPER	RATION			20.	AUTOPSY?
June 1	4.1952	Recurre	ent Carcinoma	croducing Ob	structi	on	YES	NO X
21A. ACCIE	DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., farm, factory, etreet, office bldg.,	n or 21C. WHERE D	DID (If	in Baltimore Cit	y, give exact	location)
CAUSE OF	R CONTRIBUTING DEATH	about nome,	int mit access 21 and conf comme 2 and 2 in					
	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	YRULNI	OCCUR?		
LOF INJURY		m.	WHILE AT NOT WHILE					
22. I herch	by certify that I at			. 19	to July	y 4, , , 19	952, that I	last saw the
deceased a	live on July 4.	1952	and that death occu	rred at 3:00Pm.	., from the	causes and or	n the date s	tated above.
	TURE 0			23B. ADDRESS			23c. D.	ATE SIGNED
1	· 1. 10	ecci	м. D.	St. Joseph H	ospita.	1	Ju	
24A. BURIAL. TION, REMOVAL (S	CREMA- 24B. DATE Specify)		2 C. NAME OF CEMETE			imore	wn, or county	
Burial	1/1/52		Trinity Ceme			тшоте		Md.
DATE RECEIVE		'S SIGNAT	VRE.	25. FUNERAL DIR	RECTOR	. (ADDRES	55
1111 6-19	152 Turtu	intor !	Velliques M.T.	Mm. J.	Juck	mer t	ms	
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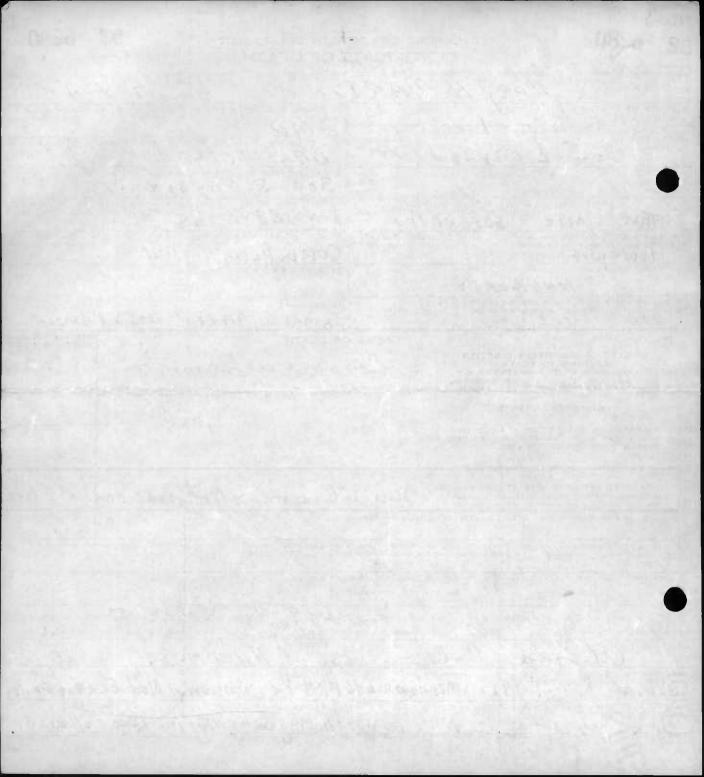
6:	32.
52	6280
BIRTH	NO.

6280

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH I. NAME OF DECEASED (Type or Print) 2. DATE MARTIN MARY OF DEATH 3. PLACE OF OEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Jocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION BALTIMOLE D. STREET ADORESS (If rural, give location) Yrs. Mos. agth of stay in Baltimore Days AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

Howew Fe INDUSTRY WHAT COUNTRY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME HAGGERTY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) JAMES C. MARTIN- 3055. PAYJON SECURITY NO. NO 18. CAUSE OF DEATH 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ension + arterioscleroses TRIBUTING TO THE DEATH, BUT NOT RELATED $\overline{0}$ TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINOINGS OF PERATI 19A. DATE OF OPERATION EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DIO INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE . 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on July 4, 1952 and that death occurred a from the cause and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA TION, REMOVAL (Specify BURIAL

DATE RECEIVED BY



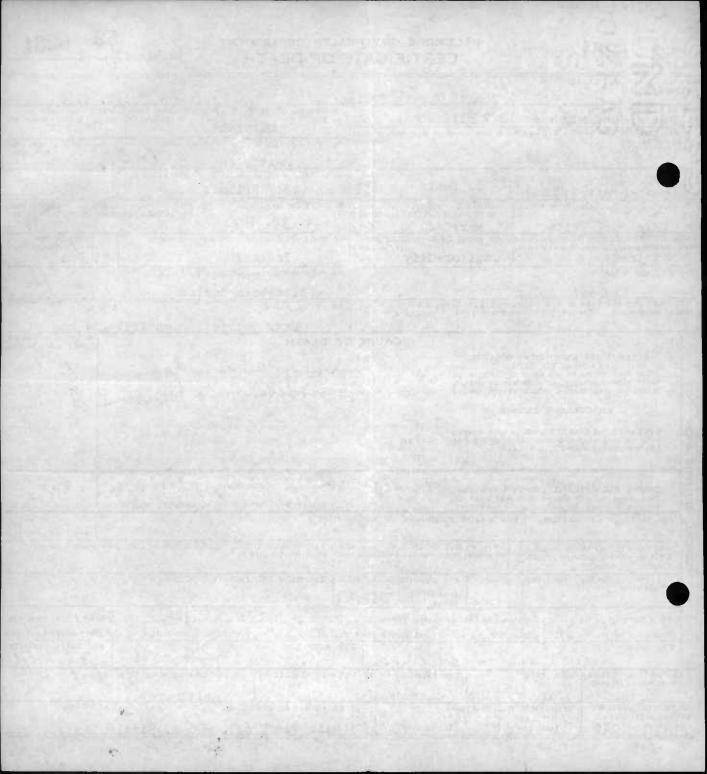
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

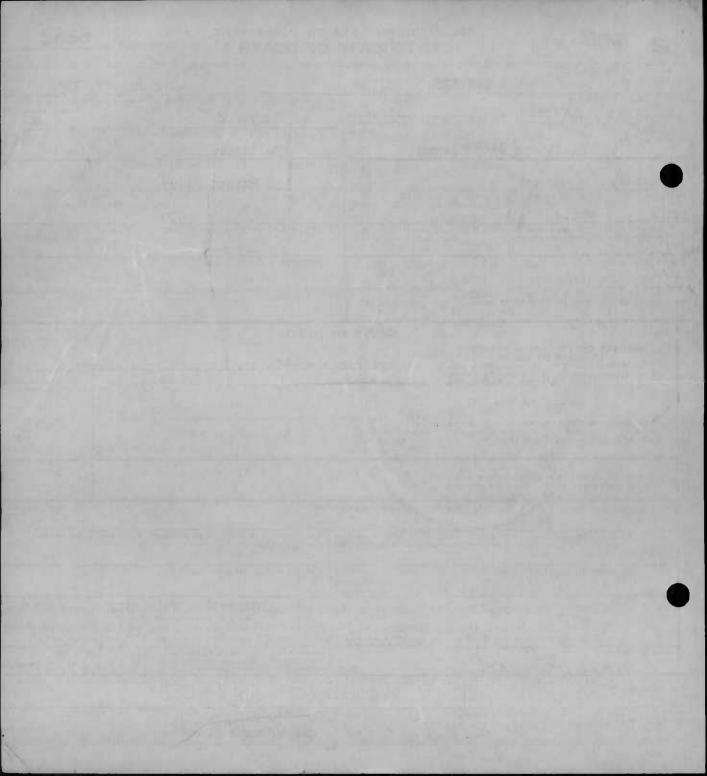
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В	IRTH NO.	-01 -07 -01-		CERTIFI	CATI	E OF DEATH	-1	Registered	1 140			
1.	NAME OF D	ECEASED						2. DATE				
(1	ype or Print)		Thoma	s Joseph	Toole	n	7	OF DEATH JU	lv2.	1952		
	PLACE OF D					4. USUAL RESIDE	NCE (W		If instit	tution : r		
A. Baltimore City, Maryland 1317 Hillman St B. FULL NAME OF (If not in hospital or institution, give street address or Maryland									perore	admission)		
H	OSPITAL OR				location)	C. CITY OR TOWN	(If o	utside corporate li	mits, we	te RUR	AL and give	
1					E IX	Balti	more	7-	07		township)	
					Yrs.	D. STREET ADDRE	SS (If r	ural, give location)				
c.	Length of s	tay in Baltimore		Years	Mos. Days	1317 H	illmar	st				
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, ED, DIVORCED) (Sif)	8. DATE OF BIRTH		9. AGE (In years	if Under	1 Year	f Under 24 Hours Lours: Min.	
	Male	White		ried	(Specify)	Nov. 23, 1	1876	last birthday)	months	Days	ours win.	
10	A. USUAL OC	CUPATION (Givekindof		OF BUSINES	SOR	11. BIRTHPLACE (S	tate or for	eign country)	12.	CITIZE	V OF	
wor	Retired	of working life, even if retired)	Janit	or-City N	DUSTRY	Irela	nd			WHAT	COUNTRY?	
13	FATHER'S					14. MOTHER'S MAI		ME	1	,, 0,		
	7.54	ichael Meelen			95110	Flianha	th Day	ed ma				
15	. WAS DECEAS	Chael Toolen ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL		Elizabe	th Dev	/ine	4 D D D			
(Ye	e, no or naknown)	(If yes, give war or date	of service)	SECURIT	Y NO.				ADDRI			
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	1	0.1		CA	AUSE	OF DEATH					L BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY		0.		1.	1		•	2	
	(This does not mean the mode of dying, e.g., (A)								3			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								2			
	and the state of t								P			
	ANTECEDENT CAUSES											
0	(B)								*************			
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.											
CERTIFICATION	(C)								************	*************		
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RT		IGNIFICANT CONDI			yr	orded 1	renzi	plegen a	xuy	My 3 mg		
B	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D *		to cerebro	I he	morrhage	~ 1		No	
.1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS O	F OPER	ATION	14-			20. AU	TOPSY?	
X										YES	NO .	
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give ex							exact loc	ation)			
1EI	CAUSE OF	LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?										
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY C	CCURR	ED 21F. HOW DID	INJURY	OCCUR?	-9.0			
	F INJURY		1	WHILE AT N	OT WHILE							
		m. WORK L. AT WORK L.										
		22. I hereby certify that I attended the deceased from 5, 19 6, to 2 1, 19 5, that I last saw the										
		live on 30 me	ر 19 ₋ 5	and that deat			from the	e eduses and on				
	23A. SIGNATURE Likeful M. D. 23B. ADDRESS E. Presh &. 23C. DATE SIGNED									2 1952		
24	24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)											
	Burial		1952	Cathedr	al	A CONTRACTOR	RE	altimore				
D	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS											
1	UI 6 - 19		ston /	Velliacus.	Miss	Rita Wieder	ana c	OO F PIA	ale c	2+		
=	VS 150	332		of the same		6 110001	044.	OO B. BIGG	116	16		
	10 100		THE STATE OF THE S									



00 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES WHITE DEATH June 7, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give township) C. CITY OR TOWN INSTITUTION Baltimore City Morgue Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 48 Market Place Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white male 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ilnknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION | 1 20. AUTOPSY YES NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X accident], suicide], homicide], undetermined]. 238, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June 7. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 240, LOCATION (City, town, or county) 245 DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

V S 151



25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

untrughorpol

BALTIMORE CITY HEALTH DEPARTMENT 6284 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) July 3, 1952 OF Foster, Clara HOLLAND DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Bultimore Ad. A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Yrs. D. STREET ADDRESS_ (If rural, give location) Mos. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In Jears) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) w 10A. USUAL OCCUPATION (Give kind of) 12 GITIZEN OF WHAT COUNTRY 10B. KIND OF BUSINESS OR AGE (State or foreign country) nrk done during most of working life even if setired) INDUSTRY Jouresuc 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no nr nnknnwn) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no nr nnknnwn) SECURITY NO. INTERVAL BETWEEK CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Congestine Heart Failure DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in pr ebout hame, farm, factory, street, nffice hldg., etc.)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT

NOT WHILE!

21c. WHERE DID

AT WORK

22. I hereby certify that I attended the deceased from 6/26 deceased alive on 1-3 195 and that death occurred at

m., from the causes and on the date stated above. 23B. ADDRESS

23A. SIGNATURE

23c. DATE SIGNED

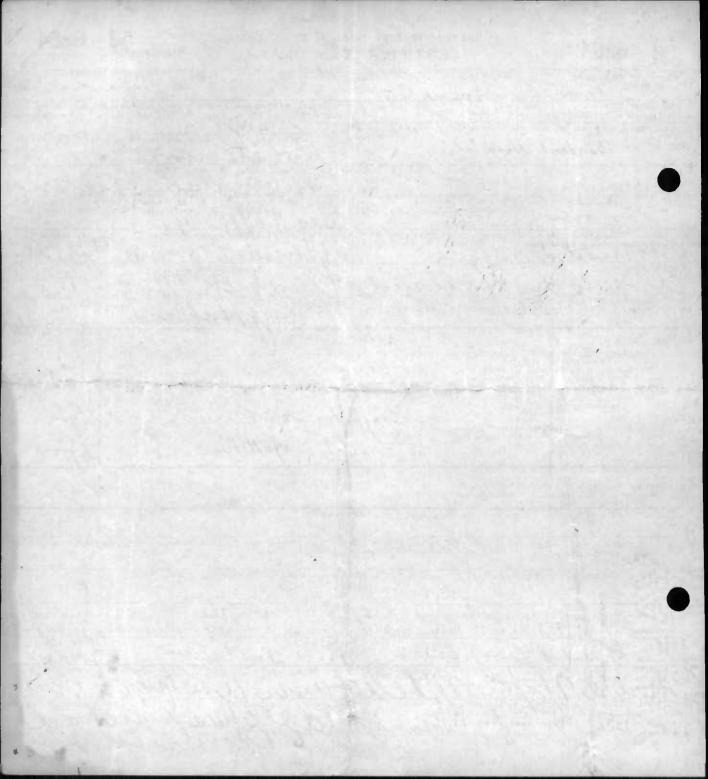
. 1952, that I last saw the

4A. BURIAL, CREMA

DATE RECEIVED BY

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF CHARLES KLEIN DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Ioeation) HOSPITAL OR C. CITY OR TOWN INSTITUTION octors HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence (If outside eorporate limits, write RURAL and give bs: 1 timore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Jmall wood c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years li Under 1 Year last birthday) Months: Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH Male 1884 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Tailor Operator Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLUTLINS Lavid Klavansky Anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3-02-1940 BPhilip Klein 13 S Franklin town Road INTERVAL BETWEEN CAUSE OF DEATH 18. DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.

20 A117

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

(If in Baltimore City, give exact location)

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID ebont bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from Clari 20, 1952 to , 1912, that I last saw the declased alive on wes St. 1956, and that death occurred at 3 40 A.m., from the causes and on the date stated above. 23 SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

21A. ACCIDENT WAS UNDER-

Baltimore Md

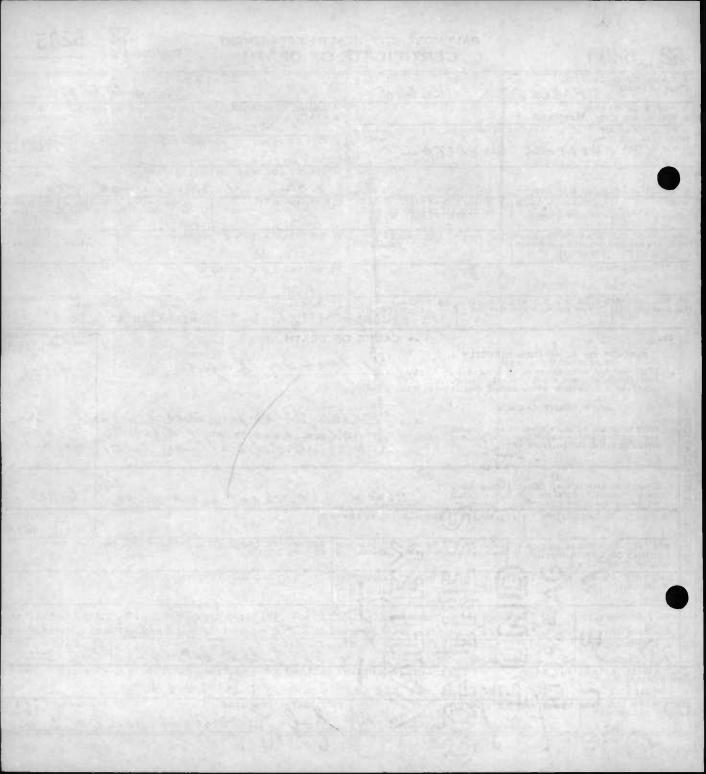
Burial

EDICAL

Hebrew Rosedale Cemetery July 7,1952

DATE RECEIVED BY LOCAL REGISTRAR Warsont 2nd

ADDRESS



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BII	RTH NO.	()CO(.)		CERTIFICATE	OF DEATH	Registere	4 110		
	NAME OF						2. DATE OF			
		Graj	7. Clarer	ice		4. USUAL RESIDENCE	DEATH J		952	
	PLACE OF Baltimore		aryland			A. STATE	B. COUNTY		fore admission)	
HO	FULL NAM SPITAL OF STITUTION	3	If not in hospita	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate l	imits, write R	URAL and give township)	
4			seph Hos	pital		Baltimore 24-03 www.smp)				
c.	eth of	stay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1204 Battery Ave.				
5.	SEX		OR OR RACE		. MARRIED.	B. DATE OF BIRTH 9. AGÉ (in years fi Under l Year fi Under 24 Hours Months; Days Hours Min.				
M	ale	Whi	te	Marr	/ED, DIVORCED (Specify) ed	10/2/83	68	Months: Day	Hours Min.	
10	A. USUAL C	CCUPATI	ON (Give kind of	A	OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)		IZEN OF	
	levator		life, even if retired)	Hosp	INDUSTRY	Maryland		WH	AT COUNTRY?	
	FATHER'S			210 00	2 024	14. MOTHER'S MAIDE	N NAME			
		Josh	ua Gra	7		Mary Hudso	on			
15 (Yes	NO OF BREDOV	ASED EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL 218-10-7108	17. INFORMANT Mrs. Clara	Gray Sam	ADDRESS		
	- 7	1						INTE	RVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) COTONARY Occlusion							ONS	ET AND DEATH	
	heart fa	rt failure, asthenia, etc. It means the disease, ury or complication which caused death.) DUE TO								
		ANTECEDENT CAUSES								
Z	DIOTA	Chronic Angine Pectoris DISEASES OR CONDITIONS, IF ANY, GIVING								
위	RISE TO	THE ABO	VE CAUSE (A)	STATING TI						
CERTIFICATION	UNDER	LTING C	ONDITION LA	51.	(C)		***************************************			
F			11							
F			CANT CONDI							
8		NG TO THE DEATH, BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.								
اد	19A. DATE	OF OPER	RATION	98. MAJOR	FINDINGS OF OPER	ATION		20 YE	S NO X	
V	214 ACC	ACCIDENT WAS LINDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give								
MEDICAL	LYING	ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) E OF DEATH Comparison of the property of the plant of the pl								
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE										
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	descared	aline on	Jy that I att	enaea the	and that death occur	red at 5:50p m., fro	om the causes and a	on the date	stated above	
	23A. SIG		Dury T	-, 10-de	2	3a. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23c. I	DATE SIGNED	
	4.	Cen	drew	10	ReceyM. D.	St. Joseph Hos	spital		ly 4,1952	
24 TIC	N. REMOVA	(Specify)	248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, t		(State)	
-	Burial 7/7/52 Cedar Hill Cem. A.A. Co., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS									
	CAL REGI		Turk	nator	Williams Mis	7 7	ny, Inc. 71			
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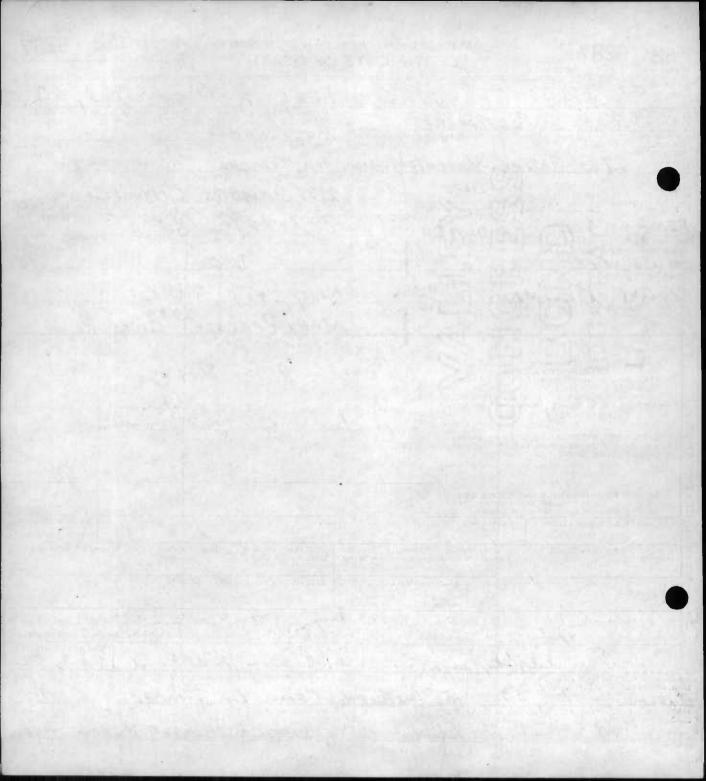
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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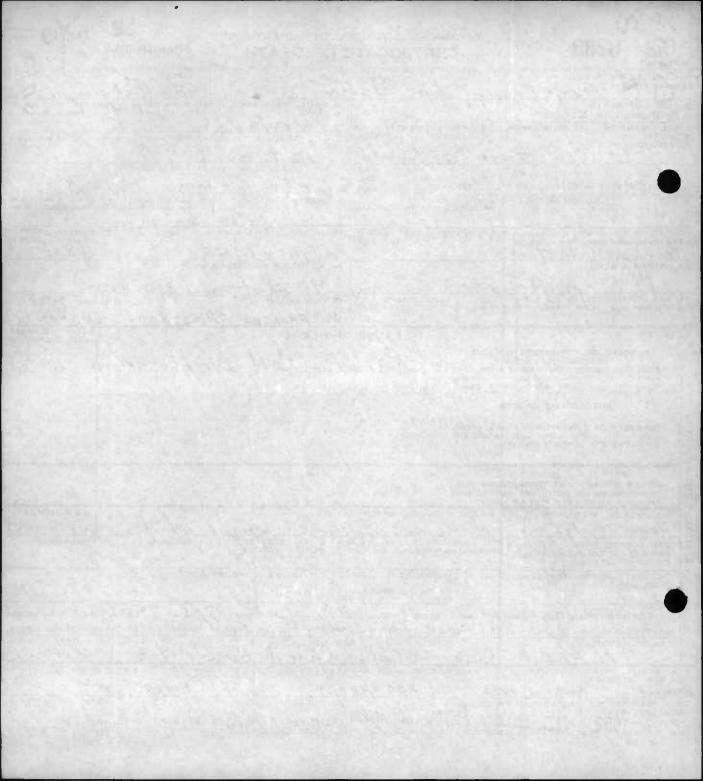
BIRTH NO.								
1. NAME OF DECEASED (Type or Print) Lessie Genevieve	Jenkins DEATH 5 July 52							
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore.	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OF TOWN (If outside corporate limits, write RURAL and give							
2725. ROUND - Rd. EHERRY-HILL	BALTIMORE. 25-32 township)							
Life. Yrs. Mos.	D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In year It Under 1 Year It Under 24 Hours							
WIDOWED, DIVORCED (Specify)	3-7-1897 Jast birthday) Months Days Hours Min.							
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR work dozine during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF							
House WIFE.	D. C. WHAT COUNTRY?							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	MARY PEITY. U.C.							
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT							
18. 44 3x . CAUSE (OF DEATH INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH							
LEADING TO DEATH (This does not mean the mode of dying, e. g.,	chal tementale Ida.							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
ANTECEDENT CAUSES /)	T - 0 . 9/ N - 3							
Z (B)	prace Cord. Vas Sen. ?							
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
O DINDERLYING CONDITION LAST.								
L (C)								
OTHER SIGNIFICANT CONDITIONS CON-								
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?							
V	YES NO 🗶							
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., c								
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?							
INJURY WHILE AT NOT WHILE								
22. I hereby certify that I attended the deceased from 20	m. work AT WORK							
deceased alive on 4	red at 6:30 Pm., from the causes and on the date stated above.							
23A. SIGNATURE 2	3B. ADDRESS 23C. DATE SIGNED							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
TION, REMOVAL (Specify)	1 a- P. Time Ma							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 9/6 ADDRESS							
LOCAL REGISTRAR Huntington Wallingers Mars	WILDIAM A JACKSON, PENNA. AVE.							
JUL / 150	6 7, 6 4							



7	red.	14 Care				X	52	6288
K	Pesse	18 11 op			EALTH DEPARTMEN E OF DEATH	T Registère		
_	NAME OF E	ECEASED	,		1	2. DATE 0F 1111	0	4000
3.	PLACE OF D	EATH: HOOSE	he	13/150	4. USUAL RESIDENCE	(Where deceased lived.	If institu	ition: residence
В.	FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or	A. STATE Md.	B. COUNTY	tim	before admission)
	SPITAL OR	JOHNS HOPE	KINS HOS		BAHIMONE	(If outside corporate line 22 HUNG	dalk	township)
c.	ength of s	tay in Baltimore		Yrs. Mos. Days	6742 B	(If rural, give location)		e,
5.	SEX	6.COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1	Year If Under 24 Hours Days Hours Min.
10	MALL OC	CUPATION (Give kindo	I LOB KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	112 0	ITIZEN OF
S7	done during most	of working life, even if retired)	INDUSTRY	BALTIMOR	E		VHAT COUNTRY
13	Emil	BLISCI	, =	34124	14. MOTHER'S MAIDEN			
15 (Va	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	ONKA	ADDRE	SS
(10	, no or unanown)	(If yes, give war or dat	es of service)	SECURITY NO.	JOHNS H	OPKINS HOSPITA		
	18. 163	x and Eg	103.0	CAUSE	OF DEATH			NTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH	Frank	tu lett lin.			7 dens
	heart failt	s not mean the mode are, asthenia, etc. It me complication which	ans the disease					Carop
-		ANTECEDENT CAU	SES	Carsum	ma luna à	met		3- Drus ?
NOIT	RISE TO T	S OR CONDITIONS,	STATING TH		CERTIFICATION	V APPROVED BY		A
CA	UNDERL	YING CONDITION L	AST.	(C)				••••••••
브		П-		Displacement	· WAT-	roker M.D.		
CERTI	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE		CHIEF OR ASST. A	HEDICAL EXAMINER		
١					RATION			20. AUTOPSY?
EDICA	7/3/	S 2 DENT WAS UNDER-	218 PI A	CE OF INJURY (o. g., i	n or 21c WHERE DID	(If in Baltimore City		YES NO K
		R CONTRIBUTING		rm, factory, street, office bldg.,	etc.) INJURY OCCUR?	Bours	16	. 0
Σ		(Month) (Day) (Year) (Hour) 2	IE. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	0	
	sen	e 30,1950) m. V	HILE AT NOT WHILE AT WORK	X feel	X D f	Lon	or.
				deceased from 6-				t I last saw the
	deceased a		_, 195 2 0		rred ate. 35 m., from			te stated above.
	Or 5	1- Socias o	Horton	0 M.D.		NS HOSPITAL	17	16/52
24 TIC	N. REMOVAL	Specify)	10.01	4c. NAME OF CEMETE		LOCATION (City, to		ints) (State)
12	ATE RECEIVE		S SIGNATU	OAK LAWN	25. FUNERAL DIRECTO		MP	RESS 2//L
	CAL REGIST		ington !	Volliaus, Mit		BAL Home		PAUR AV
#	VS 150		0	is on Grand	KINI BUNEL	3 170 111	00%	7)
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	ro	000	0	BAL	TIMORE C	ITY HE	ALTH DEPART	MENT		Show	0289
	52	628	7		CERTIF	ICATE	OF DEATH	-1	Registere	d No.	
	NAME OF	DECEAS	ED.			-		1.0	DATE		
	pe or Print		cart.	10.10	Mr	Joh			OF /	. P.	T 165
3.1	PLACE OF	DEATH:	ALISTA	ONG	1/1.	007	4. USUAL RESIDE		deceased lived	. If instit	ution: residence
	Baltimore		Maryland	7			A. STATE		B. COUNTY		before admission)
	SPITAL O		(If not in hospit	al or institut	ion, give street a	address or location)	MAYYIA	Na	520	Mary	1810-
	TITUTION		1 11	4	2111	1.10	C. CITY OR JOWN	(11 outsi	de corporate n	imits, wri	te RURAL and give township)
3		Chur	1ch 170	176	4 1705/	170	13A/Ti	MOYE	70110	day	0. 5353
				1.	_	Yrs. Mos.	D. STREET ADDRE	SS (If rural	give location	1	01
c.			Baltimore	Lit	· e	Days	1426	GEYM		111	rd,
5. 3	SEX	6. CO	LOR OR RACE		E. MARRIED, (ED, DIVORCEI	D (Specify)	8. DATE OF BIRTH	9.	AGE (in years ast birthday)	Months:	Year If Under 24 Hours Days Hours Min.
	19		W	M	AYYie		5/18/18	87 4	JVVS		
			ION (Give kind of glife, even if retired)	10B. KIND	OF BUSINES	S OR DUSTRY	11 BIRTYPLACE (S	tale or foreign	couptry)		CITIZEN OF WHAT COUNTRY?
	0		lector			DOUTH	MAYVI	AND			USA
13.	FATHER:		9,7,0,0,7,0,1		CHARLES IN	6214	14. MOTHER'S MAI	DEN NAME			
	1/:	11.	. A.	a-tic			Macd	lada	The	Lan	
15.	WAS DECE	ASED EVER	R IN U. S. ARMED	FORCES?	16. SOCIAL		17 INSOPRANT	JENE	Dec	MEY	ESS 7436
(Y 05,	no or unknow	vn) (If y	es, give war or date	e of service)	SECURIT		17. INFORMANT	00.			
							MRS FRANCE	JAKM	STROP		ERMAN IIK
	18. 20	0.0	100		C	AUSE C	OF DEATH				NTERVAL BETWEEN
	DISE		CONDITION ING TO DEAT		1	2	0 11	1 / .	11		3 11
	(This d	oes not m	ean the mode o	f dying, e. g	(A)	elicu	lung Cell	LYM	bho5A1	Cary	9 Months
			enia, etc. It mea					//			
		ANTE	CEDENT CAUS	EC							
7		ANTE	LEDENT CAUS)E3	(B)						
S S			ONDITIONS, I		IG	***************************************	***************************************		••••••••••		
F			OVE CAUSE (A)							5	
OA					(C)	**************			**********************		••••••
E		ROTTO E	11		MESO STO				73.31		
RT			CANT CONDI								
빙			OR CONDITION								
1	19A. DATE	E OF OPE	RATION / 1	9B. MAJOR	FINDINGS C	OF OPER	ATION , /	,,	1/1		20. AUTOPSY?
X.	JUNE	14	1952	Nu	Merous	LN	larged Ly	11hh	Node	2	YES NO
DICA			AS UNDER-		ACE OF INJUR				Baltimore Cit	ty, give e	exact location)
lul		OF DEATH	TRIBUTING								
Σ -			(Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID	INJURY OC	CUR7		
	OF INJUR	ΥY				NOT WHILE	A VENEZIONE				
				m.	WORK	AT WORK L	71-	7/			
	22. I her	eby cert	ify that Latt			/	19.17				at I last saw the
-	deceased		1/1	, 194 4	and that dea			from the co	iuses and o		ate stated above
	23A. SIGN	NATURE	0 1	1	20	0=00	BB. ADDRESS	11 4	Han	23	7 IT SIGNED
- 1	. BUGIAL	COSTA	24B. DATE		W CE	M. D.	RY OR CREMATORY	MOME 1	TION (City, to	C DE CC	oupty) (State)
T10	A. BURIAL N. REMOVAL	(Specify)	24B, DATE				MMCOPTTTC:				
12	urial		WULY 8.1	1450	SACRE	DHE	ART		1 MORE	m.	
	TE RECEI		REGISTRAR	SSIGNATI	JRE .	113	25. FUNERAL DIRI	ECTOR		ADI	DRESS 7/1
11	11 7 -	1952	Huntin	ston 1	Velliaus.	My.	ULLRICHE FOR	n EBACO	OME	DUNI	DALK
-11	VS 150	1000				- 42 -s	0'				
	13 130				G	706	6				
					7	100	4				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 629 1. NAME OF DECEASED 2. DATE (Type or Print) ena Kuttor OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived, if A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN . INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Most ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH H Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? H.W. rermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO 18. 420.0 INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-NIC NEPHAITIS TRIBUTING TO THE OEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATIO EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 23 FE 5 1950 to 4 JULY . 1914 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3 3 44. 1952 and that death occurred at 5,13 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A-SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURIAL MEADOW RIDGE ADDRESS LOOF

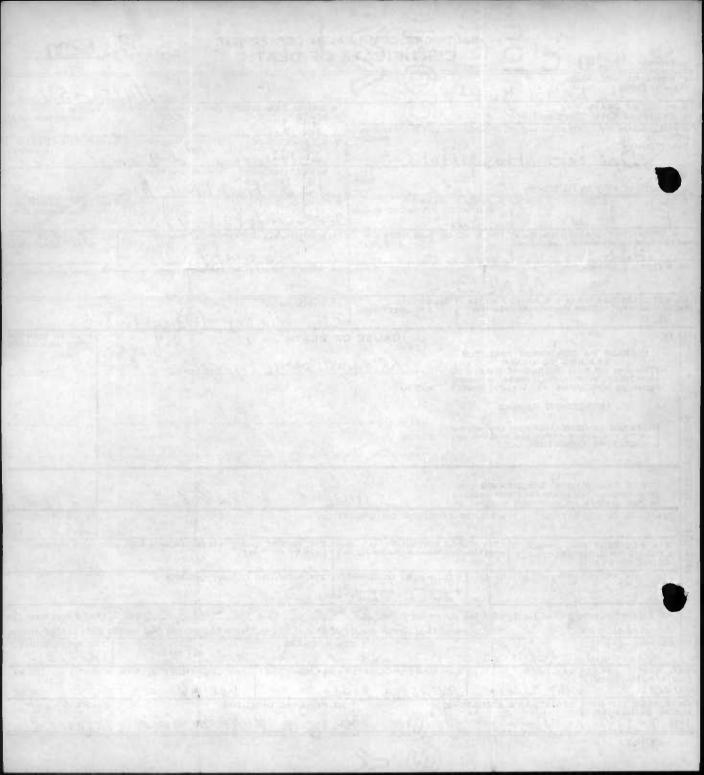
25. FUNERAL DIRECTOR

ORLEANS W

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



4	55	•					
В	52 IRTH NO.	6291			E OF DEATH	Registered No	2 6291
	NAME OF	DECEASED Hanne	501	0		2. DATE OF DEATH	16.1952
Α.		City, Maryland			4. USUAL RESIDENCE (W		bcfore admission)
H	FULL NAM OSPITAL O	R	PKINS HOSE	on, give street address or location		outside corporate limits,	write RURAL and give township)
	Length of	stay in Baltimoi	20	Yrs.	D. STREET ADDRESS (If	rural, give location)	C+
	SEX	6. COLOR OR RA	CE 7. SINGLE	, MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH 9-27-01		nder 1 Year If Under 24 Hours ths Days Hours Min.
wor	k done during m	OCCUPATION (Give k ost of working life, even If re	nd of 108. KIND	OF BUSINESS OR INDUSTRY	Russi	a	2. CITIZEN OF WHAT COUNTRY?
	Ma	4		(PS	14. MOTHER'S MAIDEN NA	AME	
(Ye	s, was dece	ASED EVER IN U.S. A. (If yes, give war or	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMATINS HOP	KINS HOSPITALD	DRESS
FICATION	OISE (This d heart fa injury DISEAS	ASE OR CONDITION LEADING TO IL	DEATH de of dying, e. g means the disease ch caused death. AUSES IS, IF ANY, GIVIN (A) STATING TH	DUE TO (B) Che	nichtenskip michtenskip med con pub	eluse empheren monele	Houne Plean
CERTIF	TRIBUTI	SIGNIFICANT CO NG TO THE DEATH, DISEASE OR CONDI	BUT NOT RELATE	D LA NAPAROL D	embolus, reg	Ules	5 his.
AL	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPE			YES NO
IEDICAL	LYING	IDENT WAS UNDE OR CONTRIBUTION F DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
Σ	ID. TIME	(Month) (Day) (Y		VHILE AT NOT WHILE WORK	A STATE OF THE PARTY OF THE PAR	OCCUR?	
1	22. I her	by certify that I			7-3, 1952, to		that I last saw the
1	23A. SIG		I Will	celu M. D.	OO- ADDDECC	S HOSPITAL	23c. DATE SIGNED
TI:	AA BURIAL		- 52 P	included of	ERY OR CREMATORY 24D. LO	Latto	. Md
	ATE RECEI		ntington	Williams, M.	29. FUNERAL DIRECTOR	Que 2100	Entay!
	VS 150	•	0	266	6A		

	00			50	0000
	52 6292 IRTH NO.	CERTIFICATI		Registered No.	6292
	NAME OF DECEASED Type or Print)	CHARLES		OF DEATH JULY	5,1952
Α.	Baltimore City, Maryland	or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
H	OSPITAL OR ISTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
3		Yrs. Mos.	D. STREET ADDRESS (If		0_3
	SEX 6. COLOR OR RACE 7	Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3 27 S. PARRIS		er I Year If Under 24 Hours
10	DA USUAL OCCUPATION (Givekindof) 1	MARLES OR	6-15-1881 11. BIRTHPLACE (State or fo	714	20 CITIZEN OF
1	k fooe during montal working life, even if retired)	2 de Houstry	ILLLAUIS		WHAT COUNTRY
13	CHARLES LLOS	10	14. MOTHER'S MAIDEN NA	ME	
(Ya	5. WAS DECEASED EVER N. U. S. ARMED F. M. no or unkoowo) (If you have were or dates of	ORCES? 16. SOCIAL	17. INFORMANT	d.	RESS
	DISEASE OR CONDITION DIL LEADING TO DEATH (This does not mean the mode of the heart failure, asthenia, etc. It means injury or complication which caus	RECTLY lying, e. g., the disease,	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		.7	cuevelized	
ICATION	DISEASES OF CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	(B) TREAL	osclesofis H	aley & Du	ROVED BY
ERTIFICA	DISEASES OR CONDITIONS, IF A	NY, GIVING ATING THE DUE TO (C) SEU. ONS CON-	inty Je	CHIEF OR ASST. MEDICAL	L EXAMINER.
AL CERTIFICA	OTHER SIGNIFICANT CONDITION OF THE DISEASE OF CONDITION LAST. OTHER SIGNIFICANT CONDITION TO THE DISEASE OF CONDITION C. 19A. DATE OF OPERATION 19B	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF OPER	charteric fra	, ,	L EXAMINER.
L CERTIFICA	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CO. 19A. DATE OF OPERATION 19B 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 1	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., ibout home, farm, factory, atreet, office bidg., office bidg	CHALTER DID (INJURY OCCUR?	, ,	L EXAMINER. 20. AUTOPSY? YES NO
DICAL CERTIFICA	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C. 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (HOPF INJURY)	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i bout home, farm, factory, street, office bidg., i our) 21E. INJURY OCCURR	ATION LA FLACT, Lef- INJURY OCCUR? ED 21F. HOW DID INJURY	t fem of in Baltimore City, give	L EXAMINER. 20. AUTOPSY? YES NO
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C. 19A. DATE OF OPERATION 19B 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (HOST CAUSE OF DEATH) 21D. TIME (Month) (Day) (Year) (HOST CAUSE OF DEATH)	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i bout home, (arm, factory, street, office bidge, of our) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY Slipped while	the fem of in Baltimore City, give	20. AUTOPSY? YES NO A
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C. 19A. DATE OF OPERATION 19B 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (HOF INJURY) 22. I hereby certify that I attention the cause of the c	ONS CONTRELATED ONS CO	ED 21F. HOW DID INJURY Slipped while 1954 to 2	CCCUR? Pushing 1952, the causes and on the	20. AUTOPSY? YES No A e exact location) Auto
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CO. 19A. DATE OF OPERATION 19B 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING AUSE OF DEATH 21D. TIME (Month) (Day) (Year) (HOF INJURY) 22. I hereby certify that I attendeceased alive on 2	ONS CONTRELATED AUSING IT. 21B. PLACE OF INJURY (e.g., is bout home, farm, factory, street, office bidg., while at work and the deceased from Standard and that death occurs.	ELANTON LATION LATION LA FLACT, Let INJURY OCCUR? ED 21F. HOW DID INJURY Slipped while 19ft, to 7: Treed at 12 fm., from to 13B. DDRESS LANDON	CCCUR? Pushing 1952, the causes and on the	Autopsyr yes No A e exact location) that I last saw the date stated above
MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CO. 19A. DATE OF OPERATION 19B 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (HOF INJURY) 22. I hereby certify that I attendeceased align on 2 23A. SIGNATURE	ONS CON- T RELATED AUSING IT. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i bout home, farm, factory, street, office bidg., WORK M. D. 24c. WAME OF CEMETE 95	ELANTON LATION LATION LA FLACT, Let INJURY OCCUR? ED 21F. HOW DID INJURY Slipped while 19ft, to 7: Treed at 12 fm., from to 13B. DDRESS LANDON	occur? Pushins te causes and on the	Autopsyr yes No A e exact location) that I last saw the date stated above

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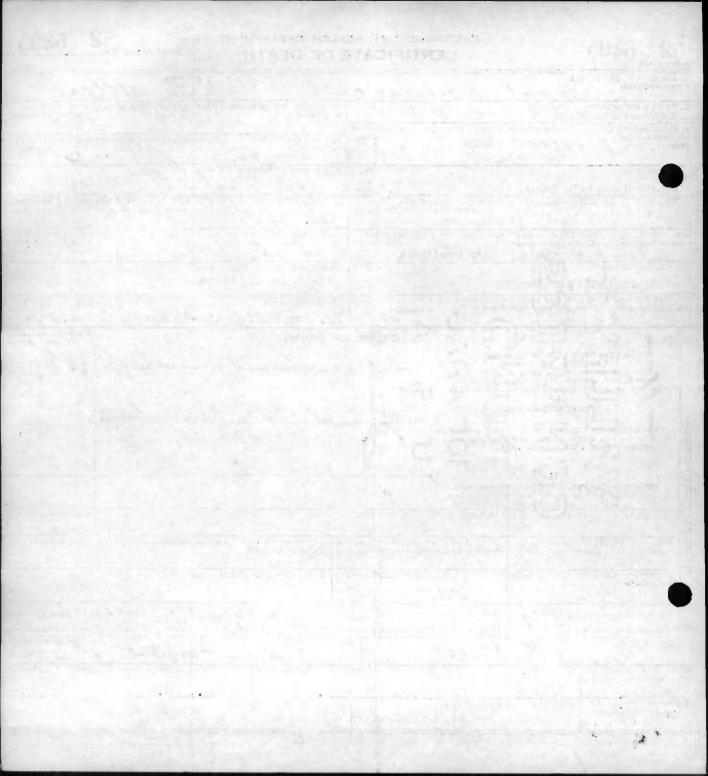
6	23							
ВІ	52 RTH NO.	6293				ALTH DEPARTMENT E OF DEATH	Registered N	6293
	NAME OF ype or Print	DECEASED	FAYW	and		Wright	2. DATE OF JUL	4 - 1952
A.	PLACE OF Baltimore	City, Mary		of - O Al	et address or	A. STATE	Where deceased lived. If i B. COUNTY	nstitution; residence before admission)
	SPITAL OF		JOHNS HO	PKINS HOSPI	location)	C. CITY OR TOWN , (I	f outside corporate limits	, write RURAL and give township)
c.	Length of	stay in Bal	timore		Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location)	
5.	SEX	6. COLOR		VIDOWED, DIVOR	0,	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year II Under 24 Hours this Days Hours Min.
10 work	A. USUAL Conducting mo	OCCUPATION est of working hie, es	(Give kind of 108 en if retired)	KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or i	Coreign country)	12. CITIZEN OF WHAT COUNTRY
13	PATHER'S		al.	- 2.1		14. MOTHER'S MAIDEN N	IAME +	1
15 (Yes	WAS DECEA	ASED EVER IN (J, S. ARMED FOR		AL RITY NO.	17. INFORMANT		DDRESS
	1B. 24	FIX	1		CAUSE	OF DEATH	OPKINS HOSPITA	INTERVAL BETWEEN
	(This do	LEADING pes not mean t ilure, asthenia,	IDITION DIRE TO DEATH he mode of dyi etc. It means the	ng, e.g., (A)	france	ho premone		5de
	injury (n which caused NT CAUSES		1111		-	
TION	RISE TO		ITIONS, IF ANY AUSE (A) STAT	, GIVING		ue branchiti	well office	10 km
ERTIFICA	ONBER			(C)				
ERT	TRIBUTI	SIGNIFICAN NG TO THE DE	II T CONDITION ATH, BUT NOT CONDITION CAU	RELATED -	tuose	Centic carlor	ascula du.	1046
AL C				AAJOR FINDINGS	OF OPER	AZION		1 20. AUZOPSY?
EDICAL	21A. ACC			-		ATION		YES NO
		IDENT WAS I	THE CITY	1B. PLACE OF INJ ut home, farm, factory, st		or 21c. WHERE DID ((If in Baltimore City, g	YES NO
ME	CAUSE O	OR CONTRIB F DEATH (Month) (D	THE CITY	ut home, farm, factory, str	Y OCCURRI	a or 21c. WHERE DID (1NJURY OCCUR?		YES NO
	CAUSE OF TIME F INJUR	OR CONTRIB F DEATH (Month) (Death Y eby certify t	ay) (Year) (Hou	ut home, farm, factory, etc. II) 2 IE. INJUR WHILE AT WORK and the deceased	Y OCCURRI NOT WHILE AT WORK	a or 21c. WHERE DID (1) INJURY OCCUR?	7-4-, 196	ves No version No vers
	CAUSE OF	or CONTRIB F DEATH (Month) (Dy eby certify talive on	ay) (Year) (Hou	r) 2 IE. INJUR WHILE AT WORK	Y OCCURRE NOT WHITE AT WORK from. 7 - death occur	21c. WHERE DID (NJURY OCCUR?) ED 21f. HOW DID INJURY OCCUR? 1952to red at 2 4 m., from 38. ADDRESS	7-4-, 196 the causes and on th	ves No version No vers
M	CAUSE OF CAU	OR CONTRIB F DEATH (Month) (Di Y eby certify t alive on ATURE	ay) (Year) (Hou	while at work and that a	Y OCCURRIE NOT WHITE AT WORK from J leath occur M. D.	21c. WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJURY 1952 to mred at 2 4 m., from	T- 4-, 196 the causes and on th NS HOSPITAL	ves No version No vers
Z4 TK	CAUSE OF INJUR 22. I here deceased 23A. SIGN	OR CONTRIB F DEATH (Month) (D) eby certify t alive on ATURE CREMA 24 (Specify)	hat I attende #, 19	while at work and that a	Y OCCURRIE NOT WHITE AT WORK from J leath occur M. D.	21c. WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJURY 1952 to med at 2 4 m., from 38. ADDRESS JOHNS HOPKIN	7~4~, 1964 the causes and on the	ves No ver exact location) that I last saw the edate stated above. 23c.DATE SIGNED or county) (State)
Z4 TK	CAUSE O 210, TIME F INJUR 22. I here dcceased 23A. SIGN AA. BURIAL DN REMOVAL	OR CONTRIB F DEATH (Month) (D) eby certify t alive on ATURE CREMA 24 (Specify)	hat I attende #, 19	while at work and that a	Y OCCURRIE NOT WHITE AT WORK from J leath occur M. D.	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 1952to red at 2 m., from 38. ADDRESS JOHNS HOPKIN RY OR CREMATORY 240 I	T- 4-, 196 the causes and on th NS HOSPITAL	Result No Live exact location) Rethat I last saw the edate stated above 23c_DATE SIGNED or county) (State)

ALL CONTRACTOR AND ADDRESS OF THE PARTY OF T to the second of real and a second

52	6294	CERTIFICATE	E OF DEATH	Registered	No.
	TH NO.			2. DATE	7.1.
(Тур	AME OF DECEASED ROPERING ROPERING	H trade		OF DEATH_	16152
A. B	LACE OF DEATH: altimore City, Maryland		4. USUAL RESIDENCE A. STATE Marylond	B. COUNTY	before admission)
	JLL NAME OF (If not in hospital PITAL OR	al or institution, give street address or location)			nits, write RURAL and give
	TITUTION \	11 1=1		0 -	5-05 township)
1	Universil		Baltimore		
c. L	ength of stay in Baltimore	84 Mos.	D. STREET ADDRESS (rshell &	+.
5. S		7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
1	WW	WIDOWED, DIVORCED (Specify)	3 30 1868	84	3 4
	USUAL OCCUPATION (Give kind of one during most of working life, even if retired)		11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	and during mostor working me, even is retired?	Lead Glads	Maryland		N.S.
13.1	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Willia	ALL Gray	Many	Hamsey	
15	WAS DECEASED EVER IN U.S. ARMED	C.N. O.	17 141001414	1,6,00	ADDRESS
	o or noknown) (If yes, give war or date	es of service) SECURITY NO.	17. INFORMANT	11 0000	
W	wenom!	1216-12-6205A	Mrs. Rena A. W	herrett-3009	N. Calvert St.
1	8. 156.1	CAUSE	OF DEATH		ONSET AND OBATH
	DISEASE OR CONDITION	DIRECTLY			
	(This does not mean the mode of		mome of he	yes-	
	heart failure, asthenia, etc. It mea	ans the disease,	D		
	injury or complication which c	caused death.) DUE TO	NATIONAL PROPERTY.		
	ANTECEDENT CAUS	SES			
Z	DISEASES OF CONDITIONS	(B)			
임	DISEASES OR CONDITIONS, I				
4	UNDERLYING CONDITION LA	AST. (C)			
5		(0)			
CERTIFICATION	II -				
2	OTHER SIGNIFICANT CONDI				
5 _	TO THE DISEASE OR CONDITION	CAUSING IT.			1.00.4417070
1	9A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Y -				(Te to Deltions City	YES NO
日	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., l about home, farm, factory, street, office bldg.,		(11 in Baltimore City	y, give exact location)
Σ -	210. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	FINJURY	WHILE AT NOT WHILE			
		m. WORK AT WORK	Teles	7/1	(7
1	22. I hereby certify that I at	tended the deceased from	19, to_		that I last saw the
	deceased alive on 7 6	_, 1952, and that death occur	rred at Am., from	n the causes and on	the date stated above.
-	23A. SIGNATURE		3B. ADDRESS	Til	23C. DATE SIGNED
	Message	4. 2mile M. O.	University 1	esserial.	17/6/52
24	BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, to	wn, or county) (State)
TION	REMOVAL (Specify) 7/8/5	2 Western Cem.	P	alto. Md.	
DA	F RECEIVED BY REGISTRAR	S'S SIGNATURE	25 FUNERAL DIRECTO		ADDRESS
LO	JURE9151952 Hunti	+ WIII . WI	Ollerson VI	intores 10	Lalar
	JUL / 1334 1 Junh	nglor Villalis, My	N/101.0.1	Myner 1	XIIII
	VS 150	0 = == ==		(K. al	- 12 Mid
			V	ball	0//1/41.

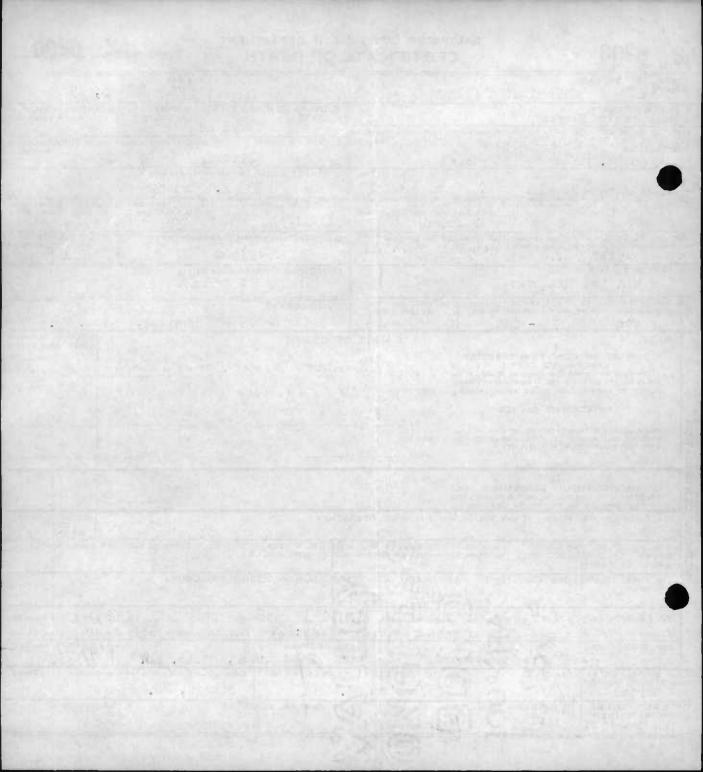
143 52 6295 BIRTH NO. BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) EROME MUFFOLETTO	2. DATE OF DEATH 7/5/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR LUTHERAN HOSP.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2941 Must en 37.

HILL	OSPITAL OR ISTITUTION	LUTHERAN	Hosp.	location)	BALTE.	(If outside corporate limit	s, write RURAL and give township)
			,	Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of	stay in Baltimore	,	Mos. Days	2941 Ma	oher IT.	
	SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	
	M	w	7 94	/ED, DIVORCED (Specify)	Dec. 13, 1867	last birthday) Mic	onths Days Hours Min.
1C	A. USUAL OC	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	retor		own b	ousiness	Mary		
13	. FATHER'S				14. MOTHER'S MAIDEN		
_		Muffoletto			Stephena Giard	lina	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS ville
	-				Mr. Sam Muffole	etto-26 Maryla	nd Ave., Pikes-
	18. 33	30× .		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY		, ,	/ /	
	heart fail	LEADING TO DEA- es not mean the mode of lure, asthenia, etc. It mea r complication which of	of dying, e. i	se,	rechnoid	hemorrheg	e. 65 km.
CATION	RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A)	F ANY, GIVII STATING TI	NG DUE TO	ralized or	Lerioschen	<u></u>
E		II.		(C)			
CERT	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	EO			
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICA	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I home	by certify that I att			/2 1952, to	7/5 195	Zthat I last saw the
		live on 7/6	1052		red at 315 A m., from	the causes and on t	he date stated above
	23A. SIGNA		_, 13/2 ~,		DDRESS	the causes and on t	23C. DATE SIGNED
	n	reviel E.	11 are	elus An. o.	1 utheran	Hospital	5/mg52
2	4A. BURIAL.	CREMA 24B. DATE Specify)		24c. NAME OF CEMETE	Y OR CREMATORY 24D	LOCATION (City, town	, or county) (State)
	Burial	7/8/52		New Cathedral	Cem. Ba	lto. Md.	
	ATE RECEIVE		1-	Villiams, Mys.	29. FUNERAL DIRECTO	kner + Son	ADDRESS
	VS 150		0-1 1	5 2 0	0 6/2/9	Toalto 17	md.
						V //	

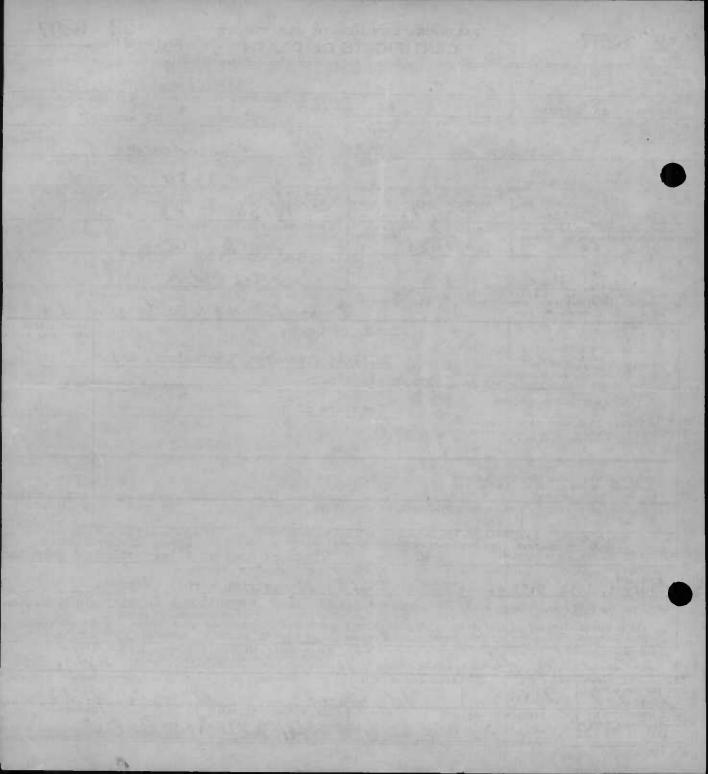


512
52 6296 BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH

2 BIRT	629 H NO.	16			CERTIFICAT			ENT	Registere	d No_	6296
1. NA (Type	AME OF E	DECEAS	JOHN EDWI	N THOMP	SON			2. E	OF JU	ly 5,	1952
B. FU	LL NAME	OF US	Maryland (If not in hospit Public He Hospit	ealth se		A. STA	Mar Y OR TOWN	ce (Where d	eccased lived в. COUNTY	l. If institu	
c. 1.0	ength of s	stay ir	Baltimore	st Stre	Yrs. Mos. Days		EET ADDRESS 733	(If rural, 1) E • 231	d stre	et	
5.55	M	6.00	W	WIDOW	. MARRIED. ED, DIVORCED (Specify "ried	(11/93	la la	GE (In years st birthday) 58	Months	Year II Under 24 Hears Days Hours Min.
rork dor	Ele	of working	TION (Give kind of g life, even if retired) Clan	Gener	of Business or al Flevering mpany		THPLACE (Stat Mary 1		country)	12. C	WHAT COUNTRY?
13. F.	ATHER'S Wil		Thompson	E	LEVATORS (M)	14. MC	THER'S MAIDE Margaret		it		
15. W (Yes, no	AS DECEAS or unknown Yes	(11.	R IN U.S. ARMEI	FORCES? of service)	16. SOCIAL SECURITY NO.		cords- US	PHS Ho	spital,	Balto	
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR LEAD S not nurc, asticle complement of the second se	CONDITION DING TO DEA' tean the mode contents, etc. It men ication which complete the condition of the condi	TH f dying, e.g. ns the disease aused death. SES F ANY, GIVING STATING THI ST. TIONS CON NOT RELATE!	(B) G E DUE TO (C)	mch Left	Lung	Czrc	-i non		8 m os.
AL.	9A. DATE		THE RESERVE OF THE PERSON NAMED IN		FINDINGS OF OPE	RATION					20. AUTOPSY?
M P	YING OF	R CON DEATI	VAS UNDER- ITRIBUTING H (Day) (Year)	(Hour) 2	CE OF INJURY (e.g., same, factory, street, office bidge bidg	RED 211	HERE DID JURY OCCUR?			ty, give e	xact location)
d	2. I here eceased of 3A. SIGNA	live o	n July 5	ended the	deceased from ME and that death occu	y 23 urred at 238. ADE	$0:15A_{m.,fr}$	om the car	uses and o	n the da	at I last saw the stee stated above. C. DATE SIGNED 15/52
24A. TION.	BURIAL. REMOVAL (Buria	Specify	7/8/52	2	Jessop's Ce	ERY OR C		40. LOCATI	ON (City, to	own, or co	unty) (State)
	RECEIVE AL REGIS		REGISTRAR	SSIGNATU	Will Co	25.FU	NERAL BIREG	icker	ner Y	XM	ORESS
	VS 150			8	515	34	- 1 8	But	2617	m	d·



52 6297 CERTIF	CITY HEALTH DEPARTMENTICATE OF DEATH	TREGISTERED NO. 1297
I. NAME OF DECEASED Type or Print) OTTABLE CO.	Was TVP	2. DATE OF 7.7 4 3050
CHARLES N.	FALK II 4. USUAL RESIDENCE	DEATH July 4, 1952 (Where deceased lived. If institution: residence
A. Baltimore City, Maryland	A. STATE	B. COUNTY before admission
3. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	location) C. CITY OR TOWN	(If outside corporate limits, write RURAL and given township
South Baltimore General Hos	spital Vrs. D. STREET ADDRESS	(If rural, give location)
e Ength of stay in Baltimore		own & Bar Harbor Roads
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years if Under 1 Year if Under 24 Hou last birthday) Months Days Hours Mir
Male White Single	2/1/188	or foreign country) 12. CITIZEN OF
7 4 1	NDUSTRY ROOM ROOM	+ MAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
Otto Falk	Dorothea	MacK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECUR	ITY NO. 6	ADDRESS
no ~~	Murganet Bick	Interval Between
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	ONSET AND DEA
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Multiple fractures,	contusions, and
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	x abrasions	
ANTECEDENT CAUSES	Fracture of neck	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
214 EXTERNAL CALISE WAS 218. PLACE OF INJU	JRY (e.g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)
UNDERLYING M OR CONTRIB. about home, farm, factory, etre	et.office bldg., etc.) INJURY OCCUR?	Road, Riviera Beach at intersection of Johnston
21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY	OCCURRED 21F. HOW DID INJ	
July 4, 1952 9:55 P. m. WHILE AT WORK		n struck by truck
22. I certify that I took charge of the remains de	Auto	osy, inspection of inquity
the evidence obtained by said Autopsy, Inspe and death in my opinion resulted from: natu	ction or Inquiry, find that sai	d deceased died on the day stated about
23A. SIGNATURE	23B. CHIEF MEDIC	AL EXAMINER 23C. DATE SIGNED
Mouley M. Durlack	M.D. MEDICAL INVESTI	GATOR July 5, 1952 D. LOCATION (City, town, or county) (State
TION, REMOVAL (Specify)	CEMETER TON-CITEM/HTCH-	(C B m/1
(dech: 20 1/0/52 1/4	te Cours	au Commen
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECT	OR ADDRESS
		or Address



52 6298 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6298 Registered No.

BI	IRTH NO.						
	NAME OF E	WEAVER.	William	Leona	Rd	2. DATE OF JULY	6,1952
As		City, Maryland	University Hos	pital 4.		Where deceased lived. If i	nstitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institution, give street		CITY OR TOWN (If outside corporate limits	, write HURAL and give township)
3	× ·	university	Hospital	Yrs. D.	SATIMORE STREET ADDRESS (I	f rural, give location)	40
_	Length of s	stay in Baltimore		Mos. Days	3613 Wind		ROAD #16
Э,	MAle	6. COLOR OR RACE	7. SINGLE MARRIED, WIDOWED, DIVORCE		1894, Och.		under 1 Year If Under 24 Hours https://doi.org/10.1001
10 orl	A. USUAL OC k doneduring most	CCUPATION (Give kind of of working life, even if retired	T 1 "	SS OR 11.	BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
13	FATHER'S	NAME /	100 maker	(M) 14.	MOTHER'S MAIDEN	NAME	и.5.
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES? 16. SOCIAL	17	INFORMANT	Wench	DDRESS
Ye	, no or unknown)	(If yes, give war or date	es of service) SECURI	TY NO. 2	niversity	Hospita l	DDRESS
	18. 410	X I		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This doe	LEADING TO DEA	TH of dying, e. g., (A)	oronary	Heart Dise	rased	
	injury or	ure, asthenia, etc. It mes complication which	caused death.) DUE TO	Cardid	u decompe	usilion	
z		ANTECEDENT CAU	(B) (A	Partie St	terosis, mitro	Sterosis	
9	RISE TO 1	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION L	STATING THE DUE TO	Rlown	etie Heart	Disease	
2			(C)				
ה ה ה	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE (OF OPERATION	198. MAJOR FINDINGS	OF OPERATIO	N		20. AUTOPSY?
עבטוכ		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJU about home, farm, factory, street		21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
	21D. TIME F INJURY	(Month) (Day) (Year	WHILE AT	NOT WHILE	21F. HOW DID INJUR	RY OCCUR?	
	22. I hereb	by certify that I at	tended the deceased fr	om July	5 , 1952 to		that I last saw the
		live on July 6	, 1962, and that dec	ath occurred	at 6:00 Am., from	the causes and on th	e date stated above.
2	4A. BURIAL,	Ray	Fryon,	M. D. W.	riversity H	LOCATION (City, town,	July 6, 1952 or country) (State)
TH	BUNC	Specify)	52 3		245.	Balto. M	. (State)
LC	ATE RECEIVE	952 REGISTRAR	S SIGNATURE	N. 201	FUNERAL DIRECTOR	1217 St. Par	ADDRESS
1	VS 150	· · · · · · · · · · · · · · · · · · ·	4 5 2 0	5926	295	1	
				A Publication			

	-65	-							59	0000
ВІ	52 IRTH NO	62	99				E OF DEATH	Registe	52 red No.	6299
(T	NAME (rint)		NICH	04AS	BRAN	SON	2. DATE OF DEATH	7/4/	52
3. A.	Baltime	of DE ore Ci	ty, Ma				4. USUAL RESIDENCE	Where deceased liv	red Wingti	tution : residence before admission)
H	FULL N.	OR	F (If	not in hospite	l or institut	ion, give street address of location		f outside corporate	e limits, wr	ite RURAL and give
J.	ISTITUTI	N	nevie	isity 1	f md	· Hospolal	Balten	me 2	3 74	township)
C.	Length	of sta	av in B	altimore	b	Yrs. Mos. Days	501 N	rure give locati	Ulan	ave
5				ROR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In year last birthday	ars II Under	1 Year If Under 24 Hours Days Hours Min.
10	USUA during	L OCC	UPATIO working Nfe	N (Give kind of yen if retired)	10B. KANE	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12.	CITIZEN OF WHAT COUNTRY?
13	FATHE	B'S NA	AME	20	- or cue	" Thus	14. MOTHER'S MAIDEN N	IAME		4)
-		Ja	mes	1sran	son		Maurier d	tevis		- 0
15 (Ye	, no or un	DOWE)	(If yes, g	U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	506 K. C	arroll	tu	ane.
	18. /	507	4			CAUSE	OF DEATH	00000		INTERVAL BETWEEN ONSET AND DEATH
		- 1	LEADIN	ONDITION I	H		Caremana	Dashl		,
	heart	t failure	c, astheni	the mode of a, etc. It mean ion which ca	is the discas	e.	post-o	perative	egus	***************************************
					FS			700	H371	
		A	NTECE	DENT CAUS						
NO		EASES	OR CON	IDITIONS, IF	ANY, GIVIN		***************************************	***************************************	••••••	***************************************
ATION	RISE	ASES TO TH	OR CON		ANY, GIVIN	IG		•••••	•	
IFICATION	RISE	ASES TO TH	OR CON	IDITIONS, IF CAUSE (A) NDITION LAS	ANY, GIVIN	IG				
<u>5</u>	OTH	EASES TO TH ERLY!	OR CON E ABOVE NG COM	IDITIONS, IF CAUSE (A) NDITION LAS II NT CONDI-	ANY, GIVIN STATING TH ST. FIONS CON	(C)	partire prount	thought	Sutern	t enflyens
L CERTIFICA	OTH TRIBI	EASES TO TH ERLY! ER SIG	OR CON E ABOVE NG COM	CAUSE (A) NDITION LAS II NOT CONDITION DEATH, BUT IS CONDITION	ANY, GIVIN STATING TH ST. FIONS CON NOT RELATE CAUSING I	(C)	perstire pround	thraf +	Subin	20. AUTOPSY?
CAL CERTIFICA	OTH TRIBL TO T	EASES TO THE ERLY!	OR CONE ABOVE NG CONE GNIFICATE OF THE ISLESS OF THE ISLES	CAUSE (A) NDITION LAS	ANY, GIVING THE STATING THE ST. FIONS CONNOT RELATE CAUSING IT	CO POST-OF	petitive pround	thraf +	Surrive	YES NO
EDICAL CERTIFICA	OTH TRIBITO T	ER SIG	OR CONE ABOVE NG CONTRIBE	CAUSE (A) NDITION LAS II NOT CONDITION DEATH, BUT IS CONDITION	ANY, GIVIN STATING TH ST. FIONS CON NOT RELATE CAUSING I'	C) Post-o	perative procumpts Exaction Ex	though +	Subresque City, give	YES NO
DICAL CERTIFICA	OTHITRIBITO TO TO TAIL	ER SICUTING HE DIS	GNIFICATO THE I	IDITIONS, IF CAUSE (A) NDITION LAS INT CONDITION DEATH, BUT I CONDITION	ANY, GIVIN STATING THE ST. FIONS CONNOT RELATE CAUSING I'DE, MAJOR 218. PLA about home, f	FINDINGS OF OPE	RATION, English of 21c. WHERE DID (NUMBER) INJURY OCCUR? RED 21F. HOW DID INJUR		Subtraction Subtraction States	YES NO
EDICAL CERTIFICA	OTHI TRIBI TO T 19A. DA 21A. AL LYING CAUSE 21D. TI	EASES TO THERLY! ER SIGN HE DIS TO FE OF DE ME (MURY)	GNIFICATO THE ISLAND OPERA OPERA CONTRIBATION (A) OPERA OPER	CAUSE (A) NDITION LAS II NOT CONDITION TO CONDITION TION TION TION TION TION TO T	ANY, GIVING THE STATING THE ST. FIONS CONNOT RELATE CAUSING IT OB. MAJOR 21B. PLA about home, fi	FINDINGS OF OPE	Petative proumite ERATION Sphane 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURE E COMMENT RED 21f. HOW DID INJURE	Y OCCUR?		YES NO exact location)
EDICAL CERTIFICA	OTHITRIBITO T 19A. DA 21A. AL LYING CAUSE 21D. TI F INJ	EASES TO THE ERLY! ER SIGNIFICATION TO THE DISTRIBUTION TO THE OF DE OF	GNIFICATO THE ISLANGE OF CONTRACTOR OF CONTR	CAUSE (A) NDITION LAS II ONT CONDITION TION 1S CONDITION 1S CONDITION TION 1S CONDITION TO 1S	ANY, GIVING THE STATING THE ST. FIONS CONNOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, fi (Hour) m.	FINDINGS OF OPE ACE OF INJURY (e. s. arm, factory, street, office bldg 2 1e. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK deceased from	RATION SPLAND In or 21c. WHERE DID (NJURY OCCUR? RED 21f. HOW DID INJURE 1957, to	y occur?	19 <i>5</i> 7 2 1	exact location) exact location)
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Huntington Williams, M. 1631 Junil Hill an. JL 7-1952

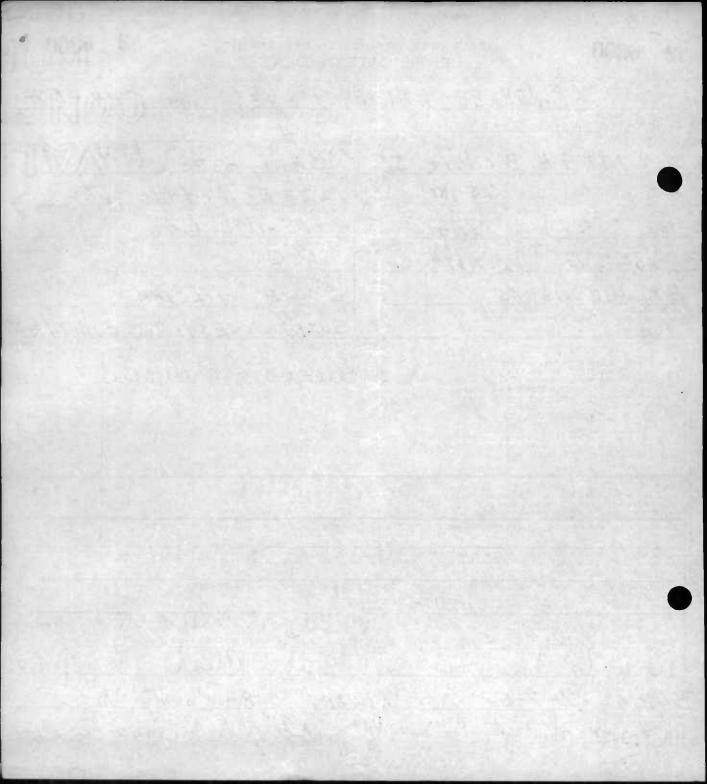
STARRED NO PRINTS A Paris of the property of the same BEALTH WILLIAM CONTRACTOR OF THE STREET

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RIPTH NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6300 Registered No.

	NAME OF Dippe or Print)	ECEASED CH	ARLES	HARYL	Y TOI	YES	2. DATE OF DEATH	7	4-52
Α.		EATH: City, Maryland			4. USUAL RES	IDENCE (W	nere deceased l B. COU		tution; residence before admission)
	SPITAL OR	OF (If not in hos	pital or instituti	on, give street address o location		WN (If	outside corpora	te Unii Or	ite RIVENT, and give
INS	STITUTION	22 9 E.	BIde	1/e st.	BAL	Timo	RE	10	t/wnship)
				Yrs. Mos.	D. STREET ADI	DRESS (If r	ural, give loga	tion)	~
	Length of st	tay in Baltimore		Days Days		E. 13	9. AGE (in y	ears If Under	1 Year It Under 24 Hours
	M-	C.	S /	ED, DIVORCED (Specify	4-15	-1892	60	lay) Months	Days Hours Min.
		CUPATION (Give kin of working life, even if retin		OF BUSINESS OR	11. BIRTHPLAC	E (State or for	eign country)	12.	CITIZEN OF WHAT COUNTRY
13.	FATHER'S	NAME	Lumi	okk Co.	14. MOTHER'S	MAIDEN NA	ME		
,	ARCH	HE JON	VES		50511		16/14	M 5	
	. WAS DECEASE, no or unknown)	D EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDR	ESS ///
`	No				SUSIE	USNE	5 12	29 E	BIOTE A
	18. 151	XI		CAUSE	OF DEATH		, 1	1	INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO D	EATH	(100	Cin Deax	a 8P :	Hour	nol.	7
	heart failu	not mean the mod re, asthenia, etc. It r complication which	means the disease	e,			A	bet mitter	
		ANTECEDENT CA	USES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
terms in	77-			(C)	•••••••••••••••••••••••••••••••••••••••				
ST	OTHER SIGNIFICANT CONDITIONS CON-								
CE									
اد	, 19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20, AUTOPSY?								
YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING ebout bome, farm, factory, street, office bldg., etc.) U CAUSE OF DEATH CAUSE OF DEATH									
MED	LYING OF	R CONTRIBUTING DEATH	ebout bome,	arm, factory, street, office bld g					
	ID. TIME	(Month) (Day) (Ye		21E. INJURY OCCURI		DID INJURY	OCCUR?		
h			m.	WORK AT WORK		1301	0. 1	(3)	
	22. I hereb			deceased from and that death occi		9 10th	a caucae ar		hat I last saw the late stated above
	23A. SIGNA	10-0	2, 194	ana thut death pect	23B. ADDRESS	C A	e cua es un		3c. DATE SIGNED
	Well	(/2 1	Ner	(1) M.D.	1420	6.6	wal		1.1.13
715	REMOVAL (S	CREMA- 24B. DAT	7- 52	24c. NAME OF CEMET	1/Atoul	A D	CATION (CI	, town, or c	(State)
DA	ATE RECEIVE	D BY REGISTR	AR'S SIGNATU	BE. H.	25. FUNERAL	DIRECTOR	COUNT	Y AE	RESS
LC	CAL REGIST	RAR	tington	Volliacus, My	Procal b	. Locks	N.13	044.	Central and
==	VS 150		75	6 0,000	15/20	7	1 1		
		*		6836					

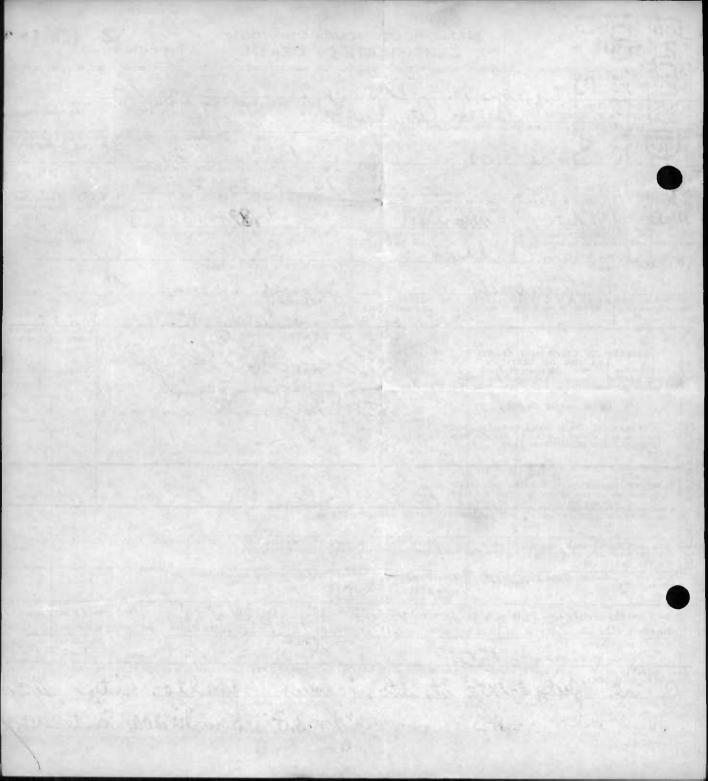


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BIRTH N	0.
	OF DECEAS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6301°

BIRTH NO.	2 OF DEATH				
1. NAME OF DECEASED (Type or Print)	2. DATE OF 7 C.G				
VIII AMM, SINSK	DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence				
a. Baltimore City, Maryland Balton City	A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits) write RURAL and give				
INSTITUTION	Baltan City 1-4-0 (township)				
Yrs.	D. STREET ADDRESS (If rural, grye location)				
c. heigth of stay in Baltimore Days	1333 Clement St				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (In years If Under Year If Under 24 Hours				
Male White Married (Specify)	april 19-1898 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work some during most of working life, even if retired) INDUSTRY	Balton WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Louis Kurpinski	Mayon of Stromer				
15. WAS DECEASED EVER IN U.S. (RMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Emma Sinsky 1333 Clement St				
18. 120.1 . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	0.02 00.				
(This does not mean the mode of dying, e.g., (A)	ocarly Aseffering				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	1. The second will & for the				
4 kil	e mysearne proposed				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
UNDERLYING CONDITION LAST.	CVNT				
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.	crosse de c'est almpares				
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					
21A ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (c. 8., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about home, farm, factory, afreet, office bldg.,					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 7	-5 , 1912 to 7-5-, 1917 that I last saw the				
deceased alive on 7-5, 1951, and that death occur	135 ()				
23A. SIGNATURE	238. APORESS 23c. DATE SIGNED				
Closward 107 M.D.	12mar (200 1-2-75				
24A. BURINL, CREMA- 24B. DATE TION REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or eounty) (State)				
Burial July 8-1952 St. Stame	slaus Balto, City //pl.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
JUL 1- 195K tustors Williams MED	Mm. S. Fialkowski 2007 Easternave				
VS 150	6-200				
940	23.				

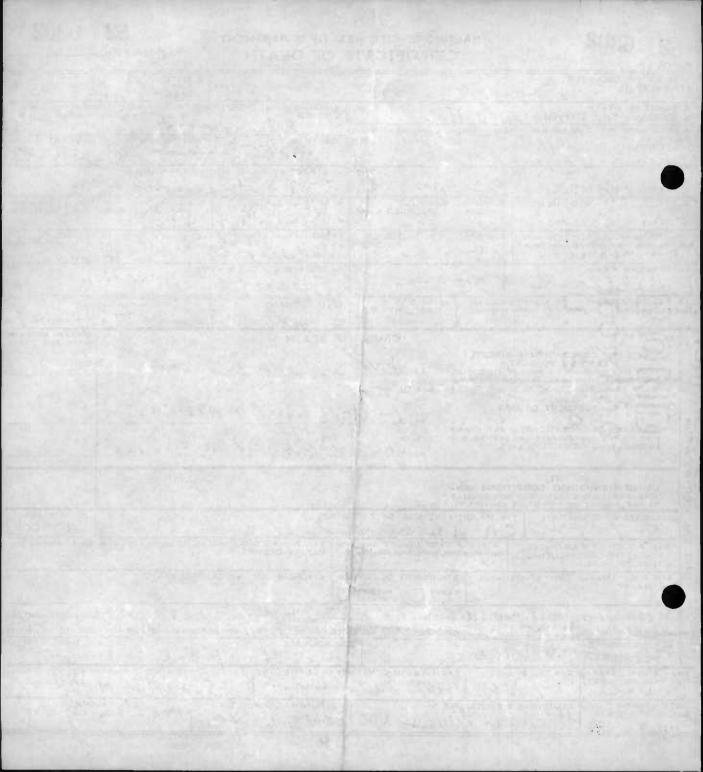


25	6302
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6302

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE EMMALOCAN DEATH . 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland UNIU. 405 B. CONTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RULA L and give INSTITUTION UNIVERSITY Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED II Under 1 Year WIDOWED, DIVORCED (Specify) ast birthday) Months Days Hours Min. 060250 RRIED IOA. USUAL OCCUPATION (Give kied of 108. KIND OF BUSINESS OR MIPLACE (State or foreign country 2. CITIZEN OF ooduring most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 53X CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ULMONARX EDEMA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CONGESTIVE FAILURE FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (C) CARCINOMA SPIENIC FLEX 125 UNDERLYING CONDITION LAST. CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES V 218. PLACE OF INJURY (e.g., is or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER obout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 22. I hereby certify that I attended the deceased from 3 7-52, 1952 to 7-3 -52, 1952 that I last saw the deceased alive on 1 3 - 3 - 19 5 2 and that death occurred at 2 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED BURLAL, CREMA SFUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglow

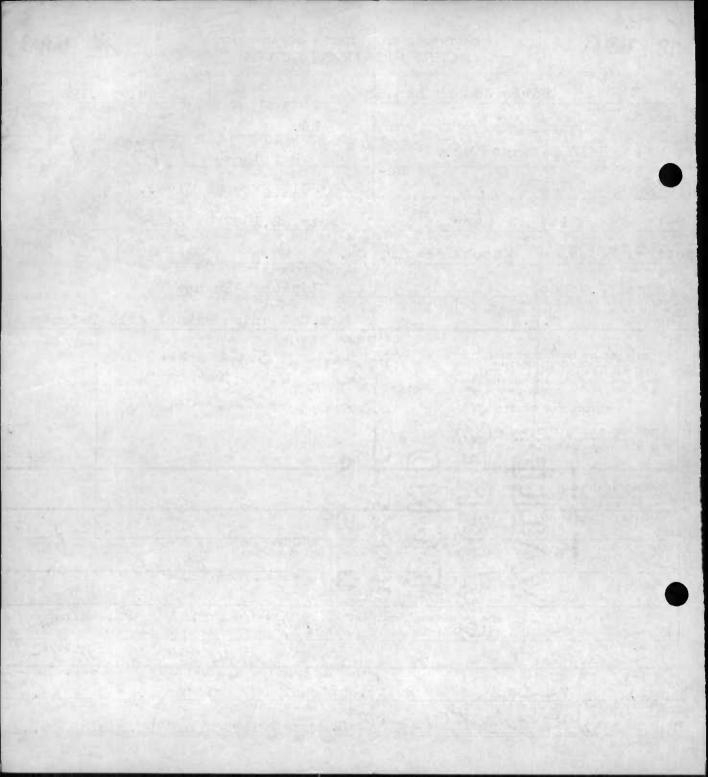


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20	6303
52	6303

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) Andrew Joseph Randol DEATH July 4,1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write LURAL and give INSTITUTION 3413 Bateman Ave., Baltimore 34 - Yrs. o. STREET ADDRESS (If rural, give location) Mos. 3413 Bateman Ave., c. Length of stay in Baltimore 8. DATE OF BIRTH 9. AGE (In years ff Under 1 Year 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED last birthday) | Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Married July 22.1887 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)

Retired Salesman WHAT COUNTRY? Jacobi Jewelry Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Burnev Andrew J. Randol 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Catherine Randol 3413 Bateman Av Yes INTERVAL BETWEEN CAUSE OF DEATH 42011 memorary seems ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION DICAL NO C YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT WORK 1950 to . 19 , that I last saw the 22. I hereby certify that I attended the deceased from , 1952, and that death occurred at 2220 _m., from the causes and on the date stated above. deceased alive on_ 23c, DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURTAL CREMA-TION, REMOVAL (Specify) Baltimore. 7-8-1952 New Balto. National Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Strong 3207 W. North Ave.

VS 150 #

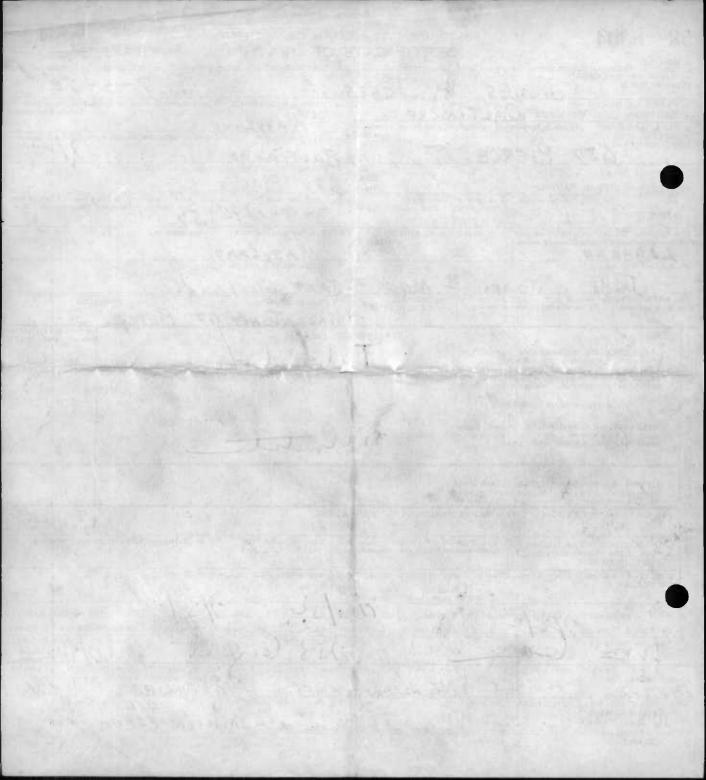


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BALTIMORE CITY HEALTH DEPARTMENT

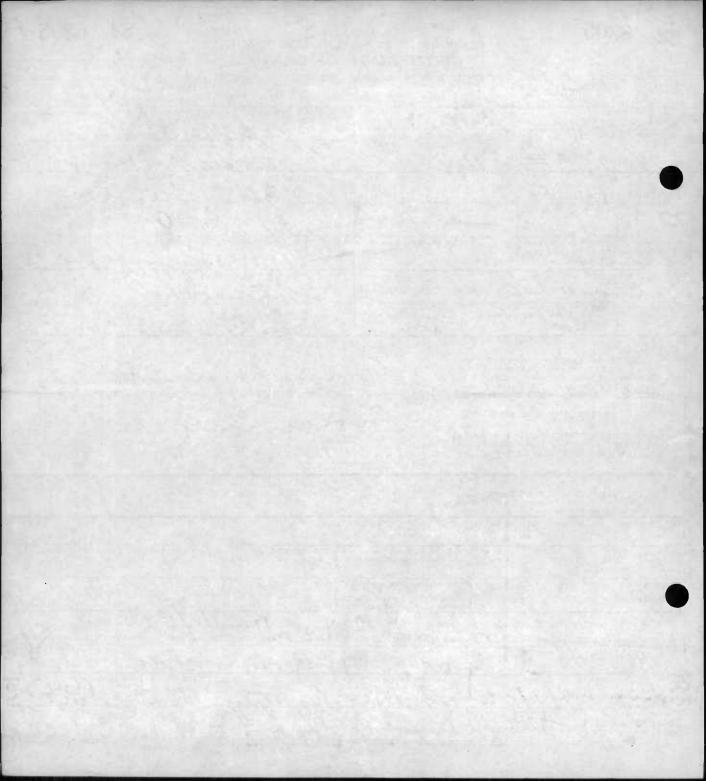
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38 D36	14	-	FRTIFICAT	E OF DEAT	⊢ Regi	stered No_	
BIRTH NO.			ERTH TOAT	E OF BEAT			
1. NAME OF DE (Type or Print)	JAM	ES /	A JONE		2. DATE OF DEATH	/	-5-2
	ity, Maryland		NORE .	A. STATE		d lived. If insti UNTY	tution: residence before admission)
B. FULL NAME O	OF (If not in hospit	al or institution	. give street address of location		LAND.	orate limita w	ite RURAL and give
INSTITUTION	687 PIE	RCE.	ST	BALTIMO	RE	11-	(township)
c. Length of st	ay in Baltimore		15 Yrs.	1	ESS (If rural, give lo	cation)	
5. SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	1 9. AGE (II	hday) Months	Days Hours Min.
MALE	COL	MARRI		3-9-1	193 57.	months.	Days Hours III
	CUPATION (Give kind of fworking life, even if retired)		F BUSINESS OR		State or foreign countr	y) 12.	CITIZEN OF WHAT COUNTRY?
LABOR	ER.	_	Ser.	MARY	ANO.		
13. FATHER'S N	AME	SI		14. MOTHER'S MA	IDEN NAME		
15 WAS DECEASE	D EVER IN U. S. ARMEI	MES.	Md,	JANE 61	LES Md.		/
(Yes, no or unknown)	(If yes, give war or date	e of service)	SECURITY NO.	17. INFORMANT	- 100 D	ADDR	CT.
1			CAUCE	WIGHA JOI	VES. 687 11	ERCE.	INTERVAL BETWEEN
18. 008		DIDECTIV	CAUSE	OF DEATH			ONSET AND DEATH
	E OR CONDITION LEADING TO DEA' not mean the mode of	TH		whereal	Tun)	75760	
heart failui	re, asthenia, etc. It mea complication which of	ns the disease,	DUE TO			********************	
			DUE 10				
7	ANTECEDENT CAUS	SES	(B)				
	OR CONDITIONS, I		DUE TO O	0 1)		
	ING CONDITION LA		(C)	labout		*************************	***************************************
[
	II IGNIFICANT CONDI						
	TO THE DEATH, BUT SEASE OR CONDITION						
19A. DATE O	F OPERATION 1	9B. MAJOR F	INDINGS OF OPE	RATION			20. AUTOPSY?
V -			Miles Inc.			G:- 1	YES ND
= 21A. ACCID	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLAC	E OF INJURY (e. g., m,factory,street,office bldg.	in or 21C. WHERE D		ore City, give	exact location)
21D. TIME (Month) (Day) (Year	(Hour) 21	E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
F INJURY			ORK NOT WHILE		1.1		
22. I hereby	y certify that I ht	tended the d	eceased from	/ 4/ 0 0 , 19	, to 7/3/	, 19, ti	hat I last saw the
deceased al	1 1 7 1 1/	_, 19 ar	nd that death occu	erred at 200 m.	., from the causes		
234. SIGNAT	= lon		м. D.	23B ADDRESS	en It		DATE SIGNED
24A. BURIAL, C	REMA- 24B. DATE	24	C. NAME OF CEMET	ERY DR CREMATORY	240. LOCATION	City, town, or o	(State)
DURIA	_ / - 0 -	52 /	AT. AUBURK	CEMETRY.	JAL FINES	RE	1/1/1
DATE RECEIVED	1954 REGISTRAR	ton W	E LINE MAD	WILLIAM A	JALKSON.	PENNA	ODRESS
	1 1 June 19	I	Marine, Miles	THE PARTY OF	WALL TO IV.	,	



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICATI	E OF DEATH
1. NAME OF DECEASED Bertha	2. DATE OF 7/2/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inditution: residence a. STATE B. COUNTY before admission)
INSTITUTION 10 266 Fort Que.	c. CITY OR TOWN (If outside corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits, write RURAL and received a stronger of the corporate limits and received a stronger of the corporate limits.
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year li Under 24 Hours Last bir of lay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR Link done during most of working life, even if retired) INDUSTRY	11. Dilitup Age (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT CALLET ADDRESS
18. 422.1 CAUSE CAUSE OF CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	war knowpensation
ANTECEDENT CAUSES	Acio denois.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 1 20. AUTOPSY?
21a ACCIDENT WAS LINDER. 21a PLACE OF INJURY (a.g. in	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, f	INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 1957, and that death occur	red at 3 A.m., from the eduses and on the date stated above.
Denis. J. M. Grath M.D.	1 ERA-WAIL IV. Back 7/3/5~
24a. BURIAL, CREMA- TION REMOVAL (Specify)	Cemetres Ed. aux. Balto. me
DATE RECEIVED BY REGISTRAR'S SIGNATURE Williams, M.	Charles F. Dill 15016 Forthe



BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6306
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF Margaret French July 5, DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION derson Convalescent & Rest Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. About 50 years 360h Mohawk Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years li linder 1 Year li linder 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female White About 81 Widowed 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? None Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unobtainable Unobtainable 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Mrs. Edith Anderson- 3605 Hillsdale Rd. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Plute Myslandial Infantin LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 22. I hereby certify that I attended the deceased from Time ! deaths 1952 that I last saw the Pm., from the causes and on the date stated above. 19 ____ and that death occurred at \$ deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CRAMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE Druid Ridge Cemetery Pikesville, Maryland Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY-OR TOWN (If outside corporate limits, write RTRAL and give INSTITUTION Yrs. (If rural, give location D. STREET ADDRESS Mos. c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (Li years If Under I Year BIRTH 7. SINGLE, MARRIEO WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during mosp of working life, even if retired) INDUSTRY WHAT COUNTRY aponen 14. MOTHER'S MAIDEN NAME 13. FATHER'S, NAME 16. SOCIAL INFORMANT ADDRESS. SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war opdates of service) (Yes, no or unknown) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

23B. ADDRESS

21E. INJURY OCCURRED NOT WHILE

2 and that death occurred at.

AT/WORK L

22. I hereby certify that I attended the deceased from

21F. HOW DID INJURY OCCUR?

19 0 to

21c. WHERE DID

25. FUNERAL DIRECTOR

240 LOCATION (City, town, or county)

19 2 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify)

210. TIME (Month) (Day) (Year) (Hour)

REGISTRAR'S SIGNATURE

WORK

VS 150

DATE RECEIVED BY

INJURY

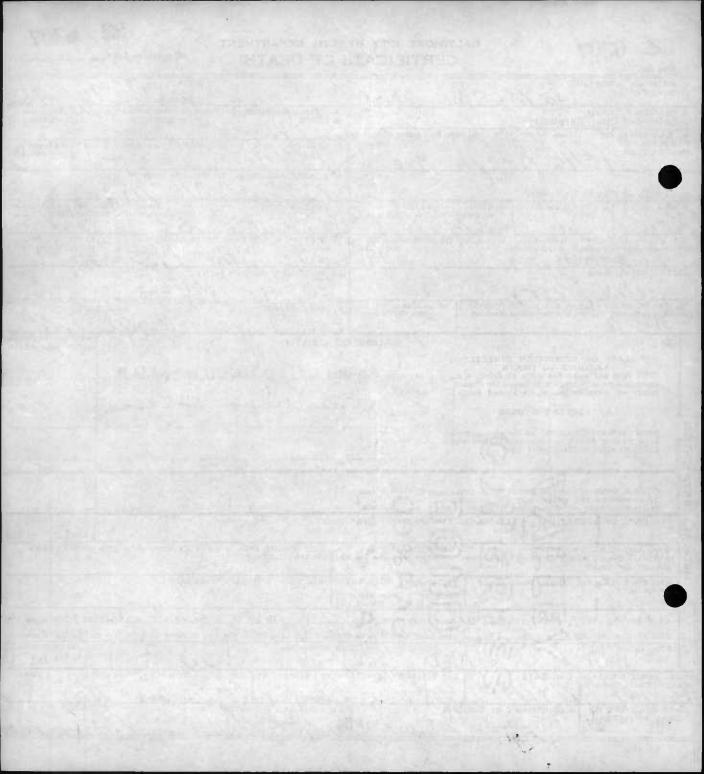
deccased alive on

EDICA

20. AUTOPSY

YES

(If in Baltimore City, give exact location)



16	3	
52	6308	160503

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6308

BIRTH NO.		CEI	RIFICAL	E OF DEATH	Registered No	
I. NAME OF (Type or Print)	Richard 1	Everett			2. DATE OF 7-11-52	
3. PLACE OF I A. Baltimore B. FULL NAME	City, Maryland	tal or institution wi	ue street address or	4. USUAL RESIDENCE ()	DEATH	stitution: residence before admission)
HOSPITAL OR	Baltimore 4940 Eas	al or institution, give City Hosp tern Ave.	itals location)		outside corporate limits,	write RURAL and give township)
	stay in Baltimore	*	Yrs. Mos. Days	D. STREET ADDRESS (If Crownsville Sta		o mystle are
5. SEX	6. COLOR DR RACE	7. SINGLE, MAR WIDOWED, D. Marri	RRIED, IVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Unlast birthday) Mont	nder I Year II Under 24 Hours hs Days Hours Min.
ork done during most	CCUPATION (Give kind of t of working life, even if retired)	108. KIND OF B	INDUSTRY	11. BIRTHPLAGE (State or fo	oreign country).	2. CITIZEN OF
13. FATHER'S	N'EVAN	ett		Chan of T	AME A	7.
15. WAS DECEAS	SED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16.5	SECURITY NO.	B. C. H. ecords.	, 4940 Eastern	AW.
(This doe heart fail	SE OR CONDITION LEADING TO DEA' es not mean the mode of ure, asthenia, etc. It mea complication which of	TH of dying, e.g., ons the discase, caused death.)		OF DEATH		interval Between onset and Death Couple days
RISE TO	ANTECEDENT CAUSES OR CONDITIONS, INTERPRETATION (A) THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE	DUE TO	otes Mellitus		3 wks.
TRIBUTIN	[SIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
19A. DATE	OF OPERATION I	98. MAJOR FIND				20. AUTOPSY?
LYING OF		about home, farm, fact	F INJURY (e. g., i tory,street,office.bldg.,	etc.) INJURY OCCUR?	If in Baltimore City, giv	re exact location)
OF INJURY	(Month) (Day) (Year)	(Hour) 21E. IN WHILE A WORK			Y OCCUR?	
deceased a		ended the decea	hat death occur	7-52 , 19 , to Jured at 3.45RM from t	he causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 7-5-52
244. BURIAL,	CREMA- 24B. DATE Spegify)	24c. M	The same of the sa		OCATION (City, town, or	
7744	4 // 5//	102/00	Mayor	w/ Lichall	TUSTORO	110
DATE RECEIVE	D BY REGISTRAN	s signature gton Willia	uus Miz	25. FUNERAL DIRECTOR	Bisma Schi	ADDRESS 322 /r.

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William Control of Dispersion of the Control of the

avocability.

Commercials of the Mary 1989

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Christian Drainbooks

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6309

BIRTH NO.		C	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF D	ECEASED				2. DATE	
(Type or Print)	MAR	GARET	PORTER	COLEMAN	DEATH JULY	Y 4, 1952
A. Baltimore C	city, Maryland			4. USUAL RESIDENCE (B. COUNTY	If institution : residence before admission)
B. FULL NAME	OF (If not in hospit	al or institution	n, give street address of			
INSTITUTION	3107	Harvie	w Avenue	Baltimo	ore Li	nits, write ROBAL and give township)
	tay in Baltimore		Yrs. Mos. Days	o.street address (In 3107 Harview		
5. SEX female	6.COLOR OR RACE		MARRIED. D, DIVORCED (Specification)	s. DATE OF BIRTH Sept. 27, 1861	9. AGE (in years last birthday)	if Under Vear If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCORD doring mosts	CUPATION (Give kind of if working life, even if retired) Me			11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N				14. MOTHER'S MAIDEN N	IAME	
Phill	ip Sherwoo	d		Susan Gosnell		
15, WAS DECEASE	D EVER IN U. S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			SECORITI NO.	Mrs. Ralph Cla	rk. 3107	Harview Ave
DISEASES RISE TO THE UNDERLY	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	F ANY. GIVING	(B)	gertenise Justzela	J. V dese	oia bonu
TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED		0		
			FINDINGS OF OPE	RATION		20. AUTOPSY?
LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g. m,factory,street,office bldg		If in Baltimore City	, give exact location)
210. TIME (Month) (Day) (Year)	WH	IE. INJURY OCCUR	ε 🗍	Y OCCUR?	
	y certify that I att	ended the d	eceased from	19, to	, 19_	_, that I last saw the
deceased al	TURE	2 2	nd that death occ	urred at 3:15 P m., from	the causes and on	the date stated above
TION, REMOVAL CA BURIAL	pecify)	52	Greenmour	ery or CREMATORY 24D. L	2	Maryland
DATE RECEIVE	D BY BEGISTPAP			FULL PRECTOR		ADDRESS Harford Rod.

Leminb 8048

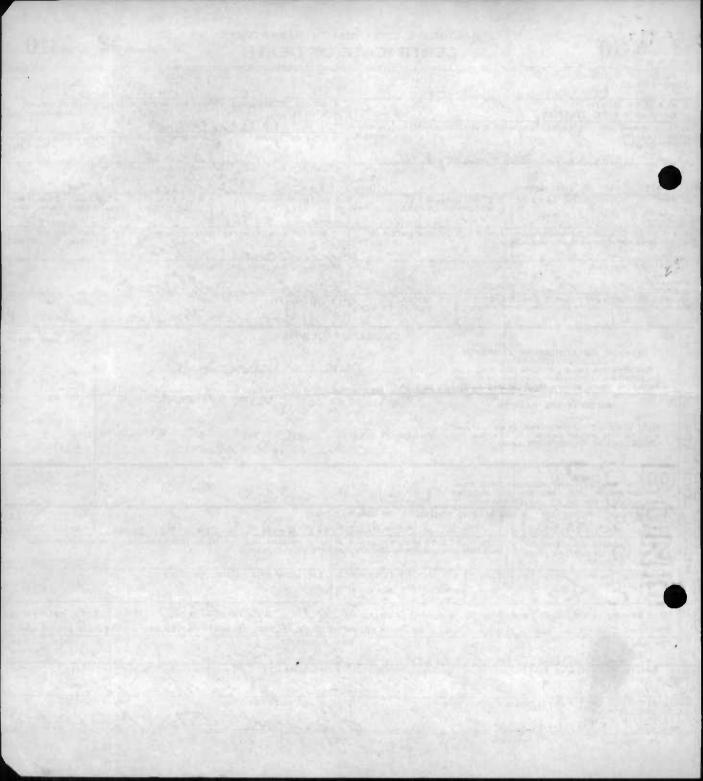
DUTH WEST

6	25
52	6310
BIRTH	NO.

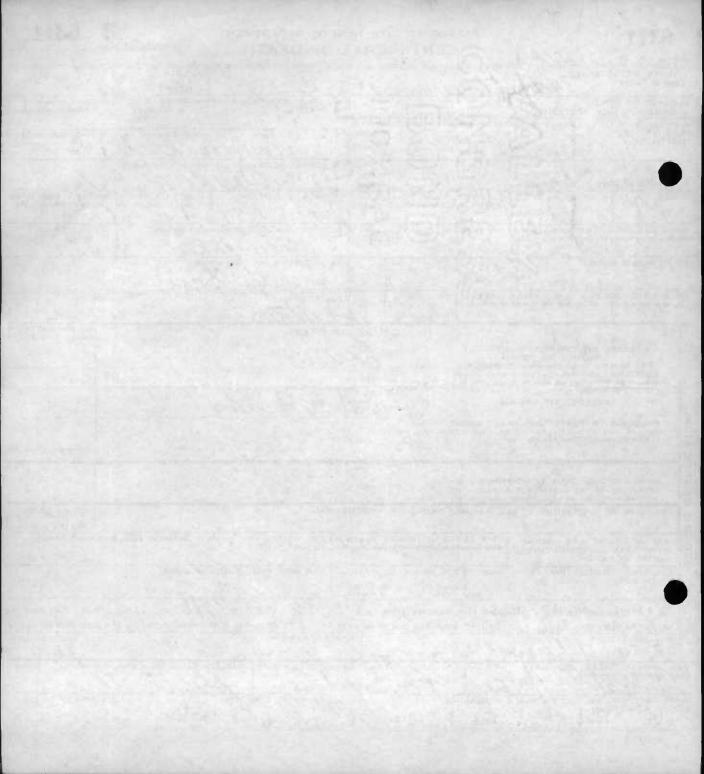
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6310

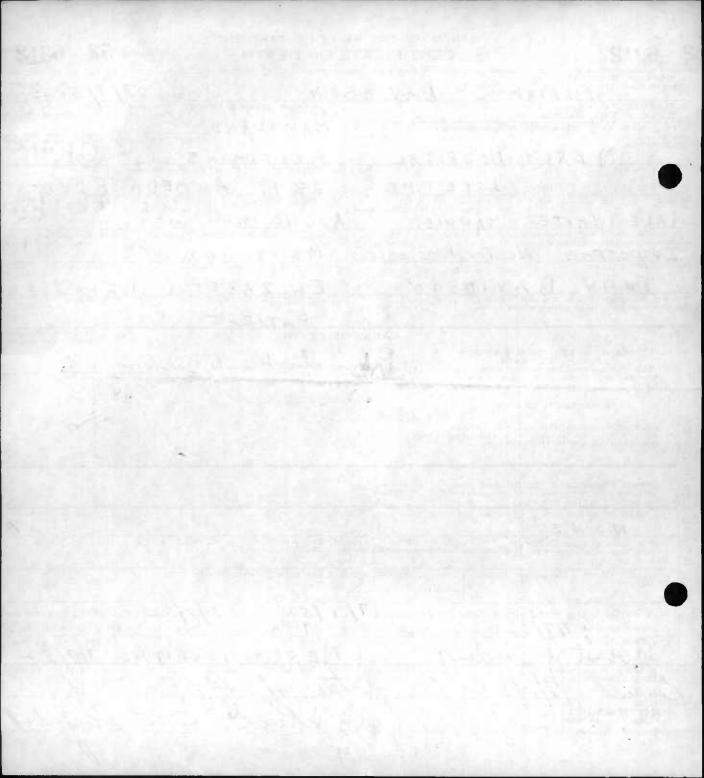
BIRTH NO.	
NAME OF DECEASED (Type or Print) Grossman, Valeria	2. DATE OF July 5, 1952
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If insutution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	c. CITY OR TOWN (Le outside corporate limits write RURAL and give township)
Sina: Hospital of Baltimore Inc.	- Dillemare
Yrs. Mos. Days	D. STREET ADDRESS (brural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. O Market 1.	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year M Under 24 Hours I Munder 24 Hours Min.
emale white married	lug 31-1908 4-3
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11 BIOTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
IS FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alerne Links	Vasenhini Stanck
15. WAS DECEASED EVER IN U. S. IRMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
SECORITI NO	Mr John Trosoman Josepuck
18. 572.2 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	k
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ck, postoperative
ANTECEDENT CAUSES Dehis	cence, postoperative
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO A UNDERLYING CONDITION LAST.	minal-perineal resection
(c)	ulcerative colitis bureks
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	we colifis.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. 6)	hor 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	rred at 11:10 am., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
Stanley Charles Ru Breits M.D.	Singi Hospital 7/5/1952
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMEN	- · / Balk hil
DATE RECEIVED BY RESISTERAT'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR JUL 7-1952	The Kuck 5305 Harrord Pd
VS 150 Huntington Waltauis Mis	4307



-516	Mark the store was the						
6311 BALTIMORE CITY HEALTH DEPARTMENT 52							
BIRTH NO. 51-12721 CERTIFICATI	E OF DEATH Registered No.						
(Type or Print) PHILLE WINNEBER	CER 2. DATE OF DEATH 7/6/5-2						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give						
INSTITUTION NAM HOS P. JAL	BALTIMORK Kural township)						
c. Ligth of stay in Baltimore 13	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours						
WIDOWED, DIVORCED (Specify)	June 8 1951 last birthday) Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME Day	14. MOTHER'S MAIDEN NAME						
Benjamen Pover	Search Seid L						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS ADDRESS						
18. 2/A CAUSE	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	casso:						
injury or complication which caused death.) DUE TO	bele relling?						
(B)	bele relland?						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
MHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 1	6/52, 1967 to 1967 that I last saw the						
deceased alive on 71, 190 and that death occur							
23A. AGNATURE ABOUT AFRICA. 2	3B. ADDRESS 23C. DATE SIGNED 7/6/32						
24A. OURIAL, CREMA- 1/4B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY RECISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR ADDRESS OF						
LOCALE 957 1952 Huntington Williams, My	1. Kusks 1005 Starfert Fof						
VS 150	1						



CERTIFICAT 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 10A. USUAL OCCUPATION (Givekied of work done during most of working life, even if retired) TASPECTOR 13. FATHER'S NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO.	4. USUAL RESIDENCE (Where deccased lived. A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate by the corporate	d No.2 6312 77/5 2 If institution: residence before admission) Mits, write RURAL and give township) BIVD If Under I Year Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY ON THE WHAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	matro Heart Diseas	ONSE! AND DEATH
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 12D.	in or 21c. WHERE DID (If in Baltimore City INJURY OCCUR? EED 21f. HOW DID INJURY OCCUR?	y, give exact location) —, that I last saw the
deceased alive on 7/7/52, 19 and that death occur	rred at 130 A.m., from the causes and on 23B. ADDRESS MERCY HOSPITAL	the date stated above, 23c. DATE SIGNED 7/7/5 2



2	3 20 RTH NO.13			EALTH DEPARTMENT	Registered No	2 6313
	NAME OF DECEASED ype or Print)	EDITH	COAT	TES.	2. DATE OF DEATH July	5,1852
Α.	PLACE OF DEATH: Baltimore City, Mary	yland ot in hospital or institution		4. USUAL RESIDENCE (Where deceased hved, If in	stitution : residence before admission)
H	DSPITAL OR	enklin S	location)	C. CITY OR TOWN (I	f outside corporate limits,	with ROTAL and give township)
		10	Yrs. Mos.	o. STREET ADDRESS	frural, give location)	
5.	ngth of stay in Ba	OR RACE 7. SINGLE.	Days	8. DATE OF BIRTH	9. A & (In years If Un	der 1 Year Under 24 Heurs hs: Days Hours: Min.
10	PA. USUAL OCCUPATION	- 8	OF BUSINESS OR	Jan 1 1913 M. BIRTHPLACE (State or:	38	2. CITIZEN OF
worl	done during most of working life	wan if retired)	INDUSTRY	md.		WHAT COUNTRY?
13	Closin and	Sharto	1	14. MOTHER'S MAIDEN N	name to	
15 (Ye	WAS BECEASED EVER IN (If yes, give	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT PARTY	A SALA	theny St
NOI	(This does not mean heart failure, asthenia injury or complication ANTECED DISEASES OR CONI	I NDITION DIRECTLY TO DEATH the mode of dying, e. g., etc. It means the disease, on which caused death.) ENT CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE	(A)STR	OF DEATH LICTURES O LICTURES O		INTERVAL BETWEEN ONSET AND OEATH
ERTIFICATION	UNDERLYING CON	11	(C)			
	TRIBUTING TO THE O	NT CONDITIONS CON- EATH, BUT NOT RELATED CONDITION CAUSING IT.				
IL C	19a. DATE OF OPERAT	ION 198. MAJOR F	INDINGS OF OPER			YES NO
MEDICAL	21A. EXTERNAL CAUS UNDERLYING A OR O UTING CAUSE OF 210. TIME (Month) (I	ONTRIB- about home, farm	E OF INJURY (e. g., in a factory, street, office bldg., e	. 2012 Etting		e exact location)
ľ	April April	1 6 7052 WH	ILE AT NOT WHILE	x Ingestion of	f corrosive sub	stance
	the evidence obt	took charge of the re ained by said Autops opinion resulted fro	sy. Inspection or I	Autopsy, inquiry, find that said of a ccident \(\mathbb{A}\), suicide	Inspection or Inquiry leecased died on the	letermined \square .
	23A. SIGNATURE	H. Ou		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA		
Z K	N. REMOVAL (Specify)	19/5-2 24	C. NAME OF CEMETE	RY OF CREMATORY 240. I	GCATION (City, toyo) or	county) (State)
	THE RECEIVED BY RESISTRINGS	FISTRAR'S SIGNATURE	Villiams, M.	25. FUNERAL DIRECTOR	Kelson !	DORESS 3 d-3
V	S 151 N 964.	9	17208	A Pre	sstma	n If

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6314

Registered No.

BIRTH NO.		2 0. 22		
1. NAME OF DECEASED (Type or Print)			2. DATE	
Ella Sullivan			DEATH 7-5	-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution	1 A \			
INSTITUTION Baltimore City Hospi	tals location)	C. CITY OR TOWN (If	outside corporate dimits	write HURAL and give
4940 Eastern Ave.		Baltimore	0	cownsup
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore life	Mos. Days	B. C. H. (1533 N	. Caroline St	•)
5. SEX 6. COLOR OR RACE 7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If U	uder I Year It Under 24 Hours this Days Hours Min.
F W Widov	red	Jan. 7, 1877	75	ths Days Hours Min.
10A. USUAL OCCUPATION (Givakindof) 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF
ork done during most of working life, aven if retired)	INDUSTRY	Maryland		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	1145	
			IME	
Joseph Byrne		Mary Parker		/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
		ecords: B. C. H.	4940 Eastern	Ave.
18. 002X		OF DEATH		INTERVAL BETWEEN
				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.	Pulmonar	y Tuberculosis		3 yrs.
near transfer, asthenia, etc. It means the disease	,			
injury or complication which caused death.) DUE TO			of Second Second
ANTECEDENT CAUSES				
DISEASES OF CONDITIONS (5.11)	(B)	•••••••••	J*************************************	****
DISEASES OR CONDITIONS, IF ANY, GIVING	E DUE TO			
UNDERLYING CONDITION LAST.	(C)			
			***************************************	***************************************
OTHER CICHERAL II				
OTHER SIGNIFICANT CONDITIONS CON-	3			
TO THE DISEASE OR CONDITION CAUSING IT				
19a. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
5				YES NO X
21A. ACCIDENT WAS UNDER- 21B. PLAN LYING OR CONTRIBUTING about home, fa	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, giv	ve exact location)
CAUSE OF DEATH				
ID. TIME (Month) (Day) (Year) (Hour)	1E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
W	HILE AT NOT WHILE			
		9- 19 49 to 7-1	5- 10.52	., . , , , , , , , , , , , , , , , , ,
22. I hereby certify that I attended the			, ,	that I last saw the
deceased alive on 7-5-, 1952, a		red at 2:15P m., from the 3B. ADDRESS	ie causes and on the	
ZSA. SIGNATORE TIAS. Co.	50			23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE, 12	AC. NAME OF CEMETE	PLO Eastern Ave.	CATION (City, town, o	7-5-52 r county) (State)
TION POIOVAL (Specify)	A July 1	OR CHEMATORT 240. L	CATTON (CILY, LOWII, O.	(State)
Durial 1/0/04	MEN Call	Alel 130	Missore	Ma
DATE RECEIVED BY REGISTRAR'S SIGNATULE	RE	25. FUNERAL DIRECTOR	1. 41 11	ADDRESS
JUL 1 - 1304 the time to	Minus MiD	Harry H. W	Us. R. 710	Colsondan
VS 150	water, and	671	1	Cal

reserved I. C. E. Will the sure ve. The last feel

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 5/52 Edward S. Arnold 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSTITUTION 1409 W. Baltimore St Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos 1409 W. Baltimore St eigth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 7. SINGLE, MARRIED, 9. AGE (In years) WIDOWED, DIVORCED (Specify) Mal e May 4.1884 IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired)
Retired Candy Maker Balto .Md.

(If outside corporate limits, write RURAL and give last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Arnold Annabelle----15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT STATISTON ADDRESS SECURITY NO. Mrs. Estella E.Arnold 1409 W.Balto. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-

FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WORK 22. I hereby certify that I attended the deceased from , that I last saw the to. deceased alive on_ 195 and that death occurred at 143 m., from the causes and on the date stated above. 26A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BUTIAL 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY

INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.)

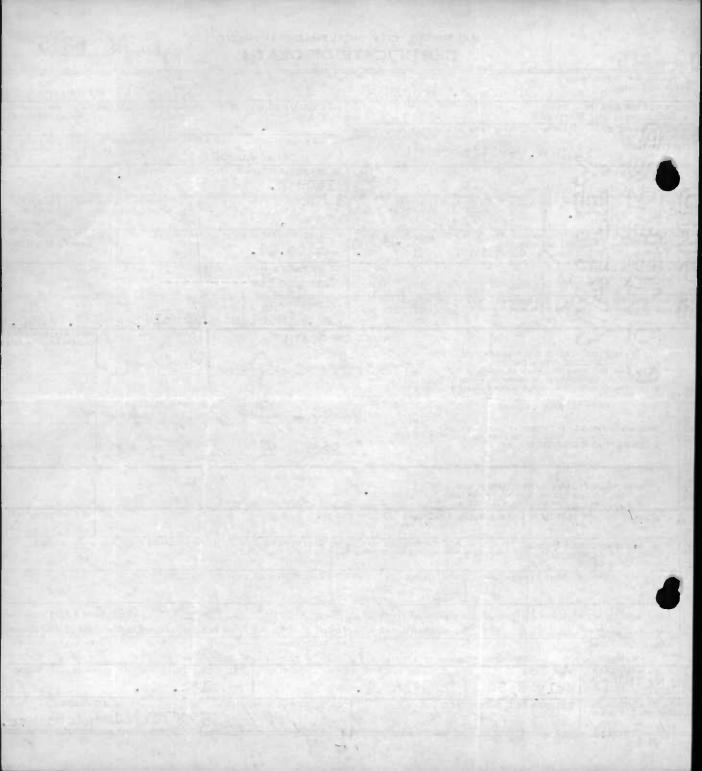
Balto. Md. Loudon Pk. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Edmondson Ave

before admission)

VS 150

LYING OR CONTRIBUTING

CAUSE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6346

BIR	TH NO.			CERTIT TOATT	= OI BEXIII		00,20
	NAME OF D	ECEASED			16 .	2. DATE	
(Ty	pe or Print)	P	ABLO	ALEGRE	NOW "	DEATH July	3, 1952
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
HO	ULL NAME SPITAL OR	OF (If not in hospit	al or instituti	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limits,	
INS	TITUTION	Hillsdale C	nintry	Club	Baltimore	- 11	township)
		MILITIDAGE C	J 0442 02 J	Yrs.	D. STREET ADDRESS (If		
	earth of s	tay in Baltimore		Mos.	400 Edged	ale Road Co	ladas ().
5. 5	SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years) lith	nder 1 Year If Under 24 Hours
				ED, DIVORCED (Specify)	a Y 1092	last hirthday) Mont	ths Days Hours Min.
	Male	White	40- 14111	OF BUSINESS OF	11. BIRTHPLACE (State or fo	0 7	0.61717511.65
		CUPATION (Give kind of of working life, even if retired)		INDUSTRY	II. BIRTHPLACE (State of 10	reign country)	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	NAME			14. MOTHER'S MAIDEN NA	AME	
					The state of the		
	WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	LHOD COL	PRESS ALL M
	10 F 0 m	.1 \		CAUCE		7,700	INTERVAL BETWEEN
	18. 4	4 1			OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		A surles	- de de to hongin	~	
		s not mean the mode	of dying, e.		xia due to hangin	- 5	
	injury or	are, asthenia, etc. It mes complication which	caused death	n.) DUE TO			
		ANTECEDENT CAUS	erc				
		ANTECEDENT CAO.	,20	(B)			357 37 30 10
Z		S OR CONDITIONS, I		NG	••••••		*****
£		THE ABOVE CAUSE (A)		HE DUE TO			
AL.				(C)			••••
ERTIFICATION		11					
E		SIGNIFICANT COND					
		ISEASE OR CONDITION					
0	19A. DATE	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
7 -							YES NO
		VAL CAUSE WAS	1	ACE OF INJURY (e. g.,.i farm, factory, street, office bldg.,		f in Baltimore City, giv	ve exact location)
	UTING []	G X OR CONTRIB. CAUSE OF DEATH.		Golf course	Hillsdale Cou	intry Club	
Z -	21D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR			
	OF INJURY	28, 1952	P.m.	WHILE AT NOT WHILE	x Hanged self v	with rope tied	to tree
N.							
1					bove, held an Inspecti	Inspection or Inquiry	
	the ev	idence obtained by	said Auto	opsy, Inspection or I	Inquiry, find that said de	eceased died on the	day stated above,
	and de	eath in my opinion	resulted f	from: natural cause	3 □, accident □ suicide	A, homicide , un	determined
	23A. SIGNA	TURE N.	Den	eacher M	23B. CHIEF MEDICAL E ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINER	uly 4, 1952
24	A. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC		r county) (State)
TIO	REMOVAL (S	Zecity) 7/6/3	2	mens Car	hidear C.	lo Fred	nck
DA	TE RECEIVE		s signatury	IATIL.	25. FUNERAL DIRECTOR	who pol	ADDRESS
		352 Tunk	region	Valianis MA	williamingen	4101 (41	4
V 3	151	9914	1				ONT

44-62 Jane 1 1533 59 When they were Educated Mary Mary Mary 1990 Est conference the state of the state of

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

MISS MARGARET KAVANAUGH

2. DATE

OF DEATH

							DEATH	, ,
3. A.	Baltimore	City, Maryland	Jomens	Hospital	4. USUAL RESID	ENCE (Where	deceased lived. I	If institution : residence before admission)
B.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or		Md.	2.0	
11	STITUTION	THE HOSPITAL	FORW	OMEN & MARYLAN	C. CITY OR TOWN	the mor		its, write RURAL and give township)
T				Yrs.	D. STREET ADDRI			
c.	bength of	stay in Baltimore		Mos. Days	647 W.	Univers	ity PKWO	44 .
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9.	AGE (In years last birthday)	H Under I Year H Under 24 Hours fonths: Days Hours: Min.
•	emale	W	SII	NOTE	500 Hug. S.	1840	61	
war!	k done during most	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (n country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MA			
	- /	THOMAS KA	VANA	UGH	KATH	FOINE	MIN	TEN
15	. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	77114		ADDRESS
(10	e, nn nr unknown	(11 yes, give war or date	of service)	SECURITY NO.	Hosp. re	cords		
	18. 176	X		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY					2 1/ 11
	(This doe heart fail	es not mean the mode oure, asthonia, etc. It mea	f dying, e. g		arian Co	(TCINO	ma	2 12 42
		complication which c						are muselfur
7		ANTECEDENT CAUS	ES		-			
ō	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B) IG IE DUE TO	••••••••••••••••••••••••••••••••••	***********		
CATION	UNDERL	YING CONDITION LA	ST.	(C)				
RTIF		SIGNIFICANT CONDI						
CE	TO THE	DISEASE OR CONDITION	CAUSING I	т				
A L	No vem	OF OPERATION 0 1	h ,	usive arein		ieak hee	trustan in	Pri YES NO
DICA	21A. ACCII	DENT WAS UNDER-	1 21B. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE D	ID (If in		give exact location)
MEC	CAUSE OF	R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg.,	(a) INJURY OCCU	R?		
2	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OC	CUR?	
		_	m.	WHILE AT NOT WHILE		_		
			ended the	deceased from Ju	142, 195	e, to Jul		2, that I last saw the
	deceased a	live on July 4.	<u>, 195 2</u>		red at 12 NOA	Afrom the c	auses and on	the date stated above
	w.a	ellen Dec	Kent	- M. D.	11484 Paul	8+		7/4/5Z
24	AA. BURIAL,	CREMA- 24B. DATE	:	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCA	TION (City, tow	n, or county) (State)
	Burial	7-8-52		New Cathedr	al Com.	Balti	more.	Md.
	ATE RECEIVE		SIGNATA		25. FUNERAL DIR	ECTOR		ADDRESS
_	JUL 7.	- 1952 · Juneary		maur, M.			5000 E.	Balto. St.
	VS 150	44		2 L U O A	Ma He Lew	lo"		
						23		

and the state of t 52 6240

0	0010		BAL	TIMORE CITY HE	EALTH DEPARTMENT		OTO
BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
(T	NAME OF D ype or Print)	Alexander	PVH	εz (Alexano	der P. Villez)	OF DEATH 7/6	152
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission
H	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN (If	Baltimer outside corporate limits, v	
IN	Luther	an Hossi	tal of	Maryland	Baltimere	S-1	township
- J. C.	Ogth of st	tay in Baltimore L	ife	Yrs. Mos. Days	D. STREET ADDRESS (If)	rural, give location) y Owe 13, W	rd.
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years H Un	der 1 Year It Under 24 Hours
	M	W	ma	ED, DIVORCED (Specify)	May 21, 1893	57	ns Days Hours Min
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
	maintena		airele	as manufaction	margland		U. S. A.
13	. FATHER'S N	IAME		/	14. MOTHER'S MAIDEN NA	ME	0 1//.
		lo Vellez			Mary Connelly		
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEL (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 1609	Danley ArAPP	BESS 12
	YESKON	WWI	,	212-07-4119	Mrs. Algia A.	Vellez	ide -15
	18. 162:	X		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	E OR CONDITION		4 44		0 10.	0
	(This does	not mean the mode of	f dying, e. g	., (A) metestat	or carcinoma of ad	revaleand lives	unknown
	injury or	re, asthenia, etc. It mea complication which c	ns the disease aused death.	e, .) DUE TO			Coursel
		AND CORDENS OF THE CORD		ZOWATE DIRECT			40 1
7	ANTECEDENT CAUSES			- primer	arinery bronching en carcino		
NOIT	DISEASES	OR CONDITIONS, I	ANY, GIVIN	G (B)			***************************************
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
FICA							
느		11		(C)		**************************************	
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.			D			

198, MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

22. I hereby certify that, I attended the deceased from-, 19.52, and that death occurred at 1.40 Pm., from the causes and on the date stated above. 23B. ADDRESS

24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial 24C. NAME OF CEMETERY OR CREMATORY Baltimore National DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR HENRY SANDER &

21c. WHERE DID INJURY OCCUR?

> 24D. LOCATION (City, town, or county) Baltimore.

peritoreal cavote

21F. HOW DID INJURY OCCUR?

1952 to

ADDRESS

, 1952, that I last saw the

23c. DATE SIGNED

(If in Bultimore City, give exact location)

20. AUTOPSY?

MEDICAL

VS 150

19A. DATE OF OPERATION

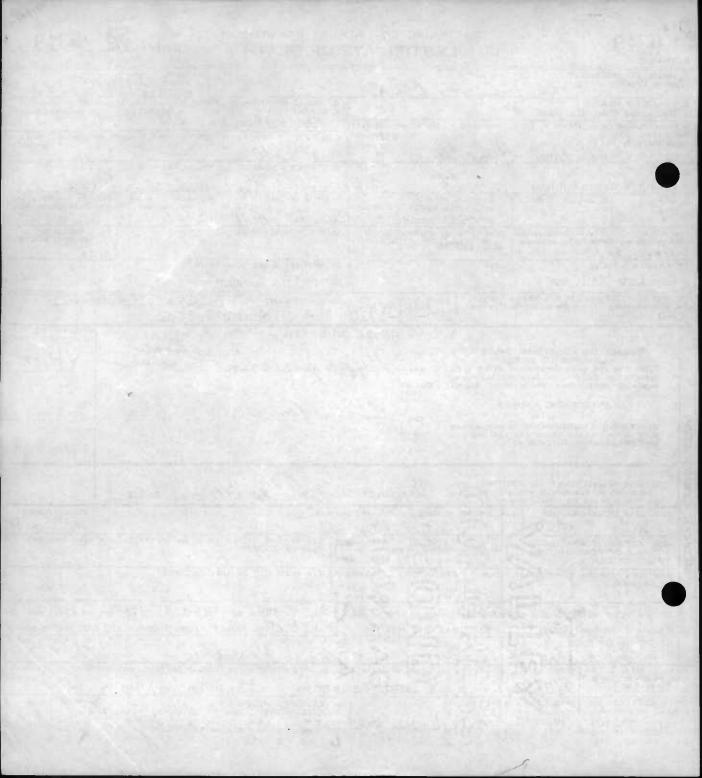
6/24/52

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

deceased alive on. 23A. SIGNATURE

REPORT OF THE PROPERTY OF THE Control of the second transfer of the second of the second

3	20									
3	6319		BA			ALTH DEPARTMEN	. /	Registered	2	6319
	RTH NO.			CERTIFIC	AIL	E OF DEATH	A		110,	
	NAME OF D		SE	FEDOCK	-			OF JU	lys	1,1952
	PLACE OF D Baltimore (EATH: City, Maryland	/		70	4. USUAL RESIDENCE A. STATE		ceased lived. I		tion : residence before admission)
	FULL NAME	OF (If not in hospi	tal or institu	tion, give street addr	ress or	C. CITY OR TOWN	(If outside	19 alz		RURAL and give
	STITUTION	mai Hopo.	of Ba	lto		Bulto	(II outside	G A A	o A	township)
c.	bength of s	tay in Baltimore) :	12	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, g	ive location)	Roc	rd
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (S		8. DATE OF BIRTH		E (In years t birthday) M	If Under 1 Y lonths; D	ear If Under 24 Hours Days Hours Min.
	r		m	arried		yos. 28, 1911	1 4	1		
	done during most	CUPATION (Give kind of working life, even if retired		of Business of Indu		1. BIRTHPLACE (State o	r foreign c	ountry)		HAT COUNTRY
13.	FATHER'S					Penna.	NAME		US	
	Gustav	Miller				Hermina Lemk				
(Yes,	WAS DECEASI no or unknown)	D EVER IN U, S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY 180-03-1	NO. 710	17. INFORMANT 40 Mrs Michael		rerside	ADDRES	s 21
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SO OR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION L II IGNIFICANT COND	TH of dying, e. ans the disea. caused death SES IF ANY, GIVI.) STATING TAST.	NG HE DUE TO (C)		bul Vase ace				Yshn
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED Hyper		sive Cardio Va	seula	u dissa		
AL	19A. DATE C	3.1952	198. MAJOR	lentel H	,	Wa.				res No V
EDICA		ENT WAS UNDER CONTRIBUTING		ACE OF INJURY farm, factory, street, office			(If in Ba	altimore City,	give ex	act location)
Σ	21b. TIME	(Month) (Day) (Year	(Hour)		WHILE WORK	ED 21F. HOW DID INJU	JRY OCCI	JR?		
	22. I hereb	y certify that I at	tended the	deceased from_	Jul	43, 1952 to	July	J , 19s	2, that	t I last saw the
-	deceased a		_, 1952.	and that death	occur	red at 130 P. m., frbi	n the cau	ses and on		e stated above
	23A. SIGNA	10 Parlay	1 Da	bbins m.		SB. ADDRESS	rital	7	230	DATE SIGNED
24 TIO	A. BURMAL./ N. REMOVAL (S Durial	CREMA- 24B. DATE (Specify) 7/9/52			METE	RY OR CREMATORY 240	LOCATIO			nt) (State)
DA	TE RECEIVE	D BY REGISTRAR			1001	HENRY SANDER	R	45, IN	ADOI	RESE 1/
=	JUL 7 -	1952 Thurth	Inglow !	Vellagus-, N	1.5	BALTO., 13,	MD,	Remy	Jed	THURY
			. 41-	A	1			//		



10	0
52	6320
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

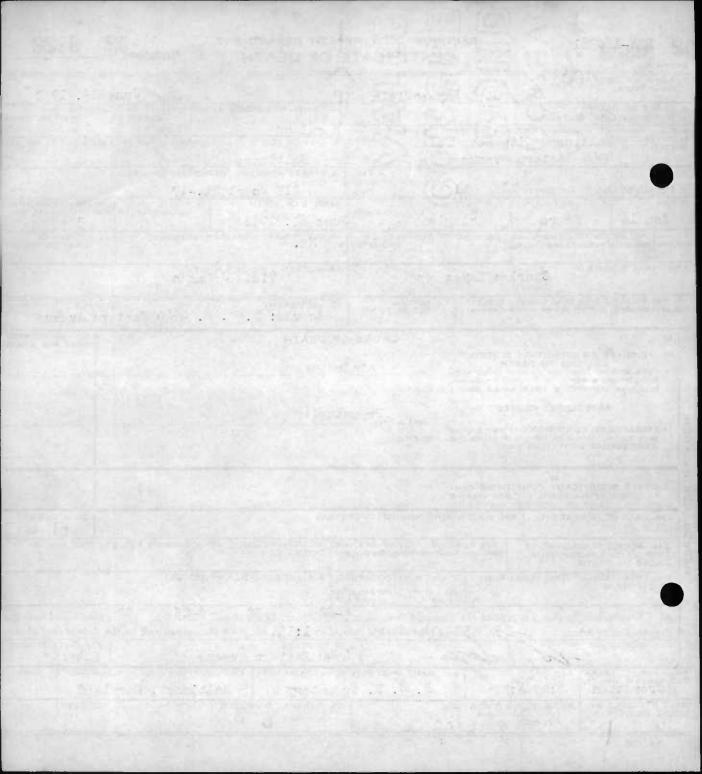
Registered No. 6320

Difficult it distribution in the state of th						
1. NAME OF DECEASED (Type or Print) Adelaide Isabelle Papp	2. DATE OF DEATH 7/5/52					
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE Marry and B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U.S.P.H.S. HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
Wyman Park Dr., Balti., Md.	Baltimore township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	5310 Lynview Ave.,					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White Married	Sept. 18.1917 9. AGE (In years of Under 1 Year of Hours of Months Days of Months Days of Min.					
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR rork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
lousewife	Scotland U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Myles	Isabelle ? The about Me (abe)					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT / ADDRESS					
	Records U.S.P.H.S. Hospital, Balti., Md.					
18. 401. 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	anany martin					
ANTECEDENT CAUSES	mital					
17 1.0.	matic hect designe tenoris unhum					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.	tie fever recurrent 26 yrs					
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
O 214 ACCIDENT WAS LINDER 1 218 PLACE OF INHIBY (2.2.)	YES X NO					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?					
INJURY WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 5/3						
deceased alive on 7/5/, 1952, and that death occurred at 5:55 Pm., from the causes and on the date stated						
	23B. ADDRESS 23c. DATE SIGNED					
	J.S.P.H.S. Hospital, Balti., Md.7/6/52					
24a. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) when \$152 keeping	- KAL: Mar. 1. 1					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRARY Huntington Wallagues, My	Forma Byers 5005 Hork Haghts					
VS 150	the					

.74 S.231 Et. 25.24 ES. 5. 8. 8. 1. 1. 1. 1. 16 ES. 65 THE AMERICAN STREET, IN THE STREET, IN STREE

c. Length of stay in Baltimore 11fe Yrs. Mos. Days 5. SEX Nale Negro 12	d give aship)						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 11fe	d give aship)						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals 11fe	d give aship)						
B. FULL NAME OF (If not in hospital or institution, give street address or Hospital or Institution) Baltimore City Hospitals Life Yrs. Mos. Days C. Length of stay in Baltimore Life Yrs. Mos. Days C. Length of stay in Baltimore Life Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 616 George Street—1 S. SEX SEX NOW (If outside corpolate lights, wind RURAL amount town town town town town town town to	d give iship)						
c. Length of stay in Baltimore 11fe Yrs. Mos. Days							
Male Negro WIDOWED, DIVORCED (Specify) Single 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLA Mae Bootwright							
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willa Mae Bootwright							
Fred Sykes Willa Mae Bootwright	TRY?						
15 WAS DECEASED EVED IN II & ADMED FORCES 1 16 COCIAL							
(Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) (If yes, give war or dates of service) (Security No. Records: B. C. H. 4940 Eastern Ave mue							
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Prematurity DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	EATH						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•••••						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES NI 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) AND CONTRIBUTING OF OPERATION 21d. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INDIVIDED INJURY OCCUR?							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from 6-27, 52, to 6-28, that I last sai							
dcceased alive on 6-28, 19 52, and that death occurred at 10:20m, from the causes and on the date stated at 23a. SIGNATURE 23b. ADDRESS 22c. DATE SIG	NED						
M.D. 4940 Eastern Avenue 6-30-52	1950						
TION, REMOVAL (Specify) 6-20-52							
Cremation 9:00 A:M B.C.H. Crematory Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAW DIRECTOR ADDRESS LOCAL REGISTRAR 1111 7 - 1952 4/115 C. 125. FUNERAW DIRECTOR 125. FUNERAW DIREC	tate)						
VS 150							

	200				Beak	and.			
52	RTA J	9381	12774	BAI		EALTH DEPARTMENT OF DEATH		6322	
1.		ECEASE		Girl :	Hayes*Viola		2. DATE OF DEATH June	25, 1952	
	PLACE OF DE Baltimore C			42,2	- Ay OB VIOLG	4. USUAL RESIDE	NCE (Where deceased lived, If ins		
B. I	FULL NAME	OF (If not in hospits. More Cit;	lor institut	it als	Mary land c. CITY OR TOWN	(If outside corporate linits,	vrite BURAL and give township)	
2	1	4940	Eastern	Avenue	Yrs.	Baltimor	SS (If rural, give location)		
	Length of st	tow in	Raltimara	T.	ife Mos.	035 %-	int St17		
	SEX SEX		OR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Un	der 1 Year If Under 24 Hours	
	Female	N	legro		ved DIVORCED (Specif	June 22, 1952	last birthday) Mont	hs Days Hours Min.	
	A. USUAL OC			10B. KINI	O OF BUSINESS OR INDUSTR		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
13	. FATHER'S N	IAME	Tharl	es Hay	68	14. MOTHER'S MAI	den Name La Johnson		
15 (Yes	. WAS DECEASE , no or nnknown)	D EVER (If yes	IN U.S. ARMED s, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: B	H. 4940 Easter	n Avenue	
CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					alectasis maturity		ONSET AND DEATH	
Ü		SEASE	E DEATH, BUT OR CONDITION	CAUSING		FRATION		20. AUTOPSY?	
AL	ISA. DATE O	F OPE	ATTON	B. MAJOI	(MADINGS OF OR			YES NO	
MEDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH (If in Baltimore City, give en about home, farm, factory, street, office bldg., etc.)							e exact location)	
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK M. WORK								
			fy that I att	ended the	e deceased from	6-22 , 19 52		that I last saw the	
	deceased at		9//	7/	Sec	urred at 1:15A m., 23B. ADDRESS 4940 Eastern	from the causes and on the	date stated above. 23c. DATE SIGNED 6-30-52	
24 TI	4A. BURIAL. (S ON REMOVAL (S Cremat	CREMA- Specify)	248-28TE52 9:00 A		M. D.	TERY OR CREMATORY	24b. LOCATION (City, town, o Baltimore, Mary)	r county) (State)	
D	ATE RECEIVE		REGISTRAR			25. FUNERAL DIR		ADDRESS	

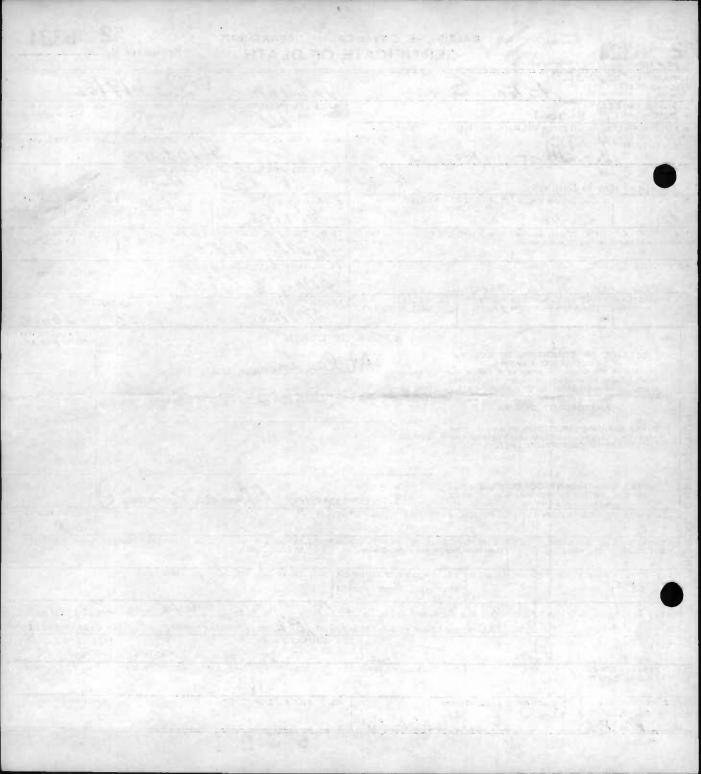


436
2 REA-160441 BIRTH NO. 22-14551
1. NAME OF DECEASED (Type or Print)

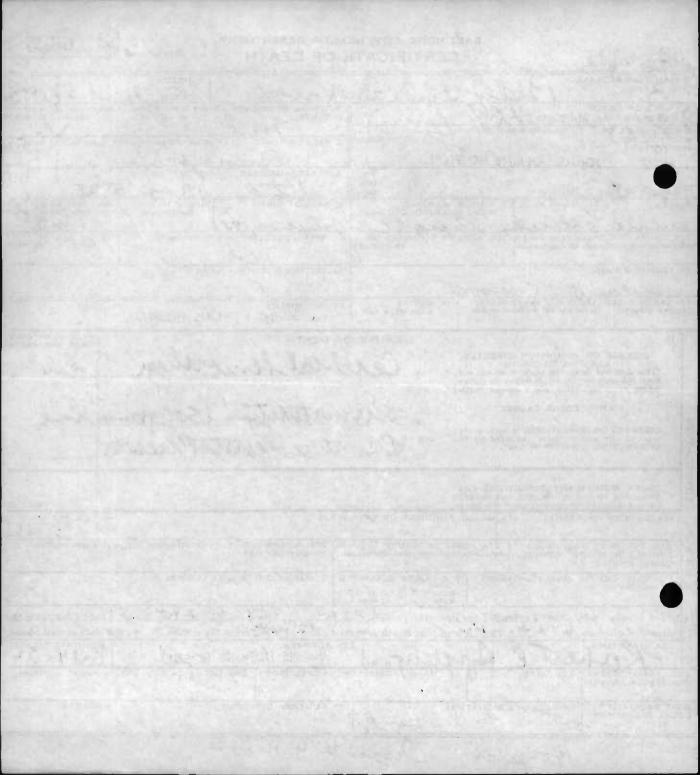
2 REA-160441	BALTIMORE CITY HE		Registered No.	6323			
I. NAME OF DECEASED Type or Print)	Baby Boy Wilder-		2. DATE June	26, 1952			
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or	r institution, give street address or	4. USUAL RESIDENCE (W) A. STATE Maryland	DEATH	titution : residence before admission)			
HOSPITAL OR Baltimore City 4940 Eastern Av	renue `	Baltimore	ural, give location)	township)			
E. Length of stay in Baltimore	Life Yrs. Mos. Days	319 8th St. Bea	ver Falls Pa.	192			
Male Negro	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	June 24, 1952	last birthday) Month	er 1 Year II Under 24 Hours Hours Min.			
OA. USUAL OCCUPATION (Give kind of prk done during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	reign country) 12	. CITIZEN OF WHAT COUNTRY			
3. FATHER'S NAME	Wilder	14. MOTHER'S MAIDEN NA Bertha Ear					
5. WAS DECEASED EVER IN U. S. ARMED FO (lf yes, give war or dates of a	PRCES? 16. SOCIAL	17. INFORMANT B. C. H	. 4940 Eastern	RESS Avenue			
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of di heart failure, asthenia, etc. It means t injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ying, e.g., (A)	of DEATH achnoid Hemorrhage turity	3	Life			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED						
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		YES NO			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?							
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK							
22. I hereby certify that Lattended the deceased from 6-24, to 6-26, to deceased alive on 6-26, 132, and that death occurred at 3:30, m., from the causes and on the deceased alive on 6-26, 152, and that death occurred at 3:30, m., from the causes and on the deceased from 6-24, to 6-26, to 6							
23A. SIGNATURE	M. O.	4940 EasternAvenue		6-30-52			
24A. BURIAL CREMA- FION. REMOVAL (Specify) 6-30-52 Cremation 9:00 A:M	B. C. H. Crem	atory Bal	timore, Md.				
DATE RECEIVED BY REGISTRAR'S S	2 115	.25. FUNERAL DIRECTOR	Α	DDRESS			

R

525 52 6324 12575 BIRTH NO. 64-12575	LTIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	S2 6324 Registered No.				
1. NAME OF DECEASED (Type or Print)	Eugene	Johnson	2. DATE OF 6/9/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institution: residence B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution Institution Provident	location)	C. CITY OR TOWN (I	outside corporate limits, write RURAL and give township)				
c. Length of stay in Baltimore	Yrs. Mos.	o. STREET ADDRESS (If r	ural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	6/7/5-Z	9. AGE (In years and in Under 1 Year last birthday) Months: Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of lob. KINI work done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		Man & ON	ME Pack				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mother	ADDRESS See Obave				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATING TO THE DEATH	g., (A) At see, see, h.) DUE TO (B)	of Death	ONSET AND DEATH				
O TO THE DISEASE OR CONDITION CAUSING		ATION COM	20. AUTOPSY?				
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location)							
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
234 SIGNATURE H. Holmes	and that death occur	38. ADDRESS 927 N. M.	e causes and on the date stated above. 23c. DATE SIGNED				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	los	OCATION (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR Turtuyton	Villaus-Mis	25. FUNERAL DIRECTOR	ADDRESS				
VS 150	n. g.,	06321					



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	52 00	00~		BAI	TIMORE CITY				V n.		52	632	5
ві	RTH NO.	Pan.	Resid	unt	CERTIFICA	ATE C	OF DEA	ТН	Re	gistered	No		
	NAME OF D	ECEASED	Bal	Pro.	5:00	11	215	6	2. DATE OF DEAT		eest	24/9	200
	PLACE OF D Baltimore (land /d	PIL	Pare		USUAL RES	IDENCE (W	here decea			on : résiden	
в.	FULL NAME			or institut	ion, give street addre	tion \	7	nd		an	ne a.	sur d	0
	STITUTION	IOHNS	HOPKIN	IS HOS		C. (CITY OR TOV		outside cor	Porate iim	its, write i		d give
1			HOTEL			rs. D. S	STREET ADD	DRESS (If	rural, give	location)	-	(1)	
_	Length of s	tay in Ball		7 SINGL		Days	ATE OF BIR	2	19 AGE	The voors	5 3.5 If Under 1 Yes	r II Under 2	A House
4	unle	land	-	WIDOW	VED, DIVORCED (SI	pecify)	Land. 2	7. 19 F	last bi	rthday)		ys Hours	Min.
10	A. USUAL OC	CUPATION of working life, ev	Give kindof en if retired)	IOB KINE	OF BUSINESS O		BIRTHPLACE	E (State or fo	reign coun	try)		IZEN OF	ITPV2
	. FATHER'S N					0		nd.		3 A			******
13	A. A	VAME	1			14.	MOTHER'S I	MAIDEN NA	AME				
15 You	. WAS DECEASE , ao or unknown)	D EVER IN L	S. ARMED	ORCES?	16. SOCIAL SECURITY N	17.	INFORMANT				ADDRESS		
					32CORTT N	0.	JOHN	NS HOPK	INS HO	SPITAL			
ı	18. 760.	5	l I	DEC-1 V		SE OF						ERVAL BET	
	(This does	not mean t	TO DEATH	dying, e. s	co (A) Ce	Me	ral	renco	ruh	SAC		Pelo	
	heart failu	re, asthenia, complication	etc. It means	the discas	e,								**********
		ANTECEDE	NT CAUSE	s	P	12111	atur	tu-	150	læla.		0.1.	
0	DISEASES	OR CONDI	TIONS, IF	ANY, GIVIN	(B)				200				••••••
SA.	UNDERLY	ING COND	ITION LAST	r.	(C)	MA	we s	Total.	WALL.	alla	何	•••••••••••	••••••
		ī	ı							,	_		
EK	TRIBUTING	IGNIFICAN	ATH. BUT NO	T RELATE	-D								
,	19A. DATE O	F OPERATI			FINDINGS OF	PERATIO	N		•••••		20	. AUTOPS	5 Y ?
YES 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact								0					
1ED	LYING OF	CONTRIB			farm, factory, street, office		INJURY OC		I III Daltii	nore City,	give exac	c location	,
-	21D. TIME	(Month) (Da	y) (Year) (21E. INJURY OCC		21f. HOW D	YAULNI DIC	OCCUR?			G TA	
				m.	WORK ATW			/	- 7 V		<u></u>		
	deceased at		hat I atter	nded the	deceased from and that death of	courred	-, 19	57 to 6	he causes	, 19=	the date	I last say	w the
	23A. SLGNA		16	1	alala -		PDRESS				23c.	DATE SIG	NED
24	AA. BURIAL,	CREMA- 24	DATE	P 76	M. D	The second second second	JOHNS H		HOSPIT			14- (S	tate)
TIC	ON, REMOVAL (S	specify)		-	Hent	Den)	3 0						
	ATE RECEIVE		SISTRAR'S	- Charles	1177 110		FUNERAL D	PIRECTOR			ADDRI	ESS	91
	JUL-7-	1952	/ Juntos	flor	Williams,			73 6	•				
	VS 150	18	BRi	tal	Dis	2020	000						



150 P.C	
BALTIMORE CITY HEALT CERTIFICATE C	
1. NAME OF DECEASED (Type or Print) B. Im. Ban. Falia	2. DATE OF DEATH DANNE 14.1957
A. Baltimore City, Maryland / A Press A. S	USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION [INSTITUTION] [Institution of the content	CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days	TREET ADDRESS (If tyral, give location) 1) 5, Rundalsh, 6+.
male Winte Simple (Specify)	OATE OF BIRTH 9. AGE (In years II Under 124 Hours II Under 124 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Falian 14.	MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
18. 760.5 CAUSE OF I	
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO	comal penouloge life
ANTECEDENT CAUSES	TUNET -13300 1000 0.00
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-1	2 , 1952, to 6-19 , 1952 that I last saw the
, It - , and that death court as	at 6 45 Jn., from the causes and on the date stated above. ADDRESS JOHNS HOPKINS HOSPITAL 235. DATE SIGNED
	R CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 1 25.	FUNERAL DIRECTOR ADDRESS
VS 150 Hopetal Dis	posar

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 6. MARSHALL CARADIN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City. Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate li LURAL and give Johns Hopkins Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 650 Bond Street gth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED 9. AGE (in years | f Under | Year | f Under 24 Hours last birthday) | Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) Colored Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR not done during most of working life, even if retired) 12. CITIZEN OF WHEN COUNT work done during most of working life, even if retired) 13. EATHER'S NAME MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Z INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 Ū 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X YES EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED 23A. SIGNATURE MEDICAL INVESTIGATOR. 24D. LOCATION (City, town, or county) 24A. BURIAL, GALMA-24c. NAME OF CEMETERY OR CREMATORY ADDRESS FUNERAL DIRECTOR DATE RECEIVED BY

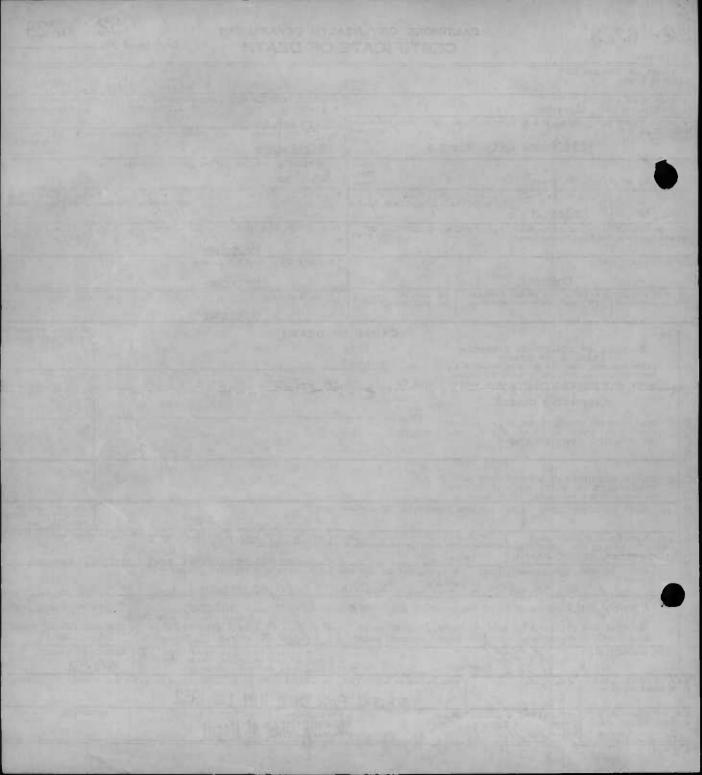
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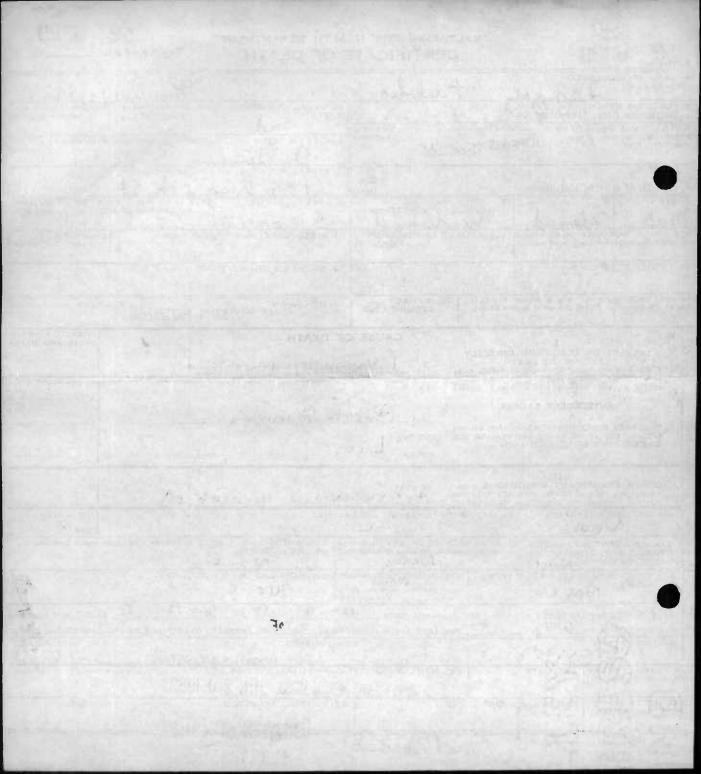
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	0	bo	00	PAI	TIMORE CITY HE	ALTH DEPARTMENT		6328	
1)	2	bill	28	DAL	CERTIFICATI		Registered N		
ВІ	RTH N	0.			CERTIFICATI	- OI BEATTI			
	NAME ype or		eceased PAUI		TOIDICO	74.	2. DATE OF	- 0 3000	
3.	PLACE	OF D		L	JOHNSC	4. USUAL RESIDENCE (V		e 2, 1952	
Α.	Baltin	nore C	City, Maryland			A. STATE	B. COUNTY	before admission)	
HO	DSPITA	LOR	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give	
IN	STITU	TION	Baltimore (City Mo	rgue	Baltimore	00.	4 township)	
-	-				Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	gt	h of s	tay in Baltimore		Mos. Days	No Home			
5.	SEX		6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours Min.	
	Mal	e	Colored	Wibow	reb, bit order (specify		40	nous Days Inours	
			CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
						Unknow	m		
13	. FATH	ER'S N	IAME			14. MOTHER'S MAIDEN N	AME		
			Unknown			Unknow	m		
	. WAS D		D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
						Unknow	m		
	18.	E92	9.8		CAUSE	OF DEATH		ONSET AND DEATH	
		DISEAS	SE OR CONDITION						
н	(T)	his does	not mean the mode ore, asthenia, etc. It mes	of dying, e.	g. (A)Asphyx	ia			
	inj	ury or	complication which	caused death	DUE TO Drow	ningFound Drown	ned		
			ANTECEDENT CAUS	SES					
z	DI	SEASES	S OR CONDITIONS, I	F ANY, GIVII	(B)	•••••••••••••••••••••••••••••••••••••••	***************************************		
임			HE ABOVE CAUSE (A)		HE DUE TO				
Y S	1111				(C)				
ERTIFICATION	0.7	ueb e	II COND	TIONE CO.					
R	TR	BUTING	IGNIFICANT COND	NOT RELATE	ED				
CE			F OPERATION 1		FINDINGS OF OPER	ATION		20, AUTOPSY?	
								YES X NO	
EDICAL	21A. E	XTERN	AL CAUSE WAS		ACE OF INJURY (e. g., in		If in Baltimore City, g	give exact location)	
D			G M OR CONTRIB-		arbor		rest and Con-	tral Avenue	
Σ	210.7	TIME (Month) (Day) (Year)		21E. INJURY OCCURR				
	Found 6/2/52 10:50 A m. WHILE AT NOT WHILE X found drowned								
	22. 1	certi	fy that I took char	rge of the	remains described a	bove, held anaut	copsy	_ thereon and from	
	t	he evi	dence obtained by	said Auto	onsu. Inspection or 1	Autopsy, inquiry, find that said d	Inspection or Inquiry eccased died on th		
						🗓, accident 🔼, suicide	. homicide ., u	$ndctermined \square.$	
	23A.	SIGNA	TURE	7- V		23B. CHIEF MEDICAL ASSISTANT MEDICAL		C. DATE SIGNED	
2/	A. BU	RIAL	REMAIL 24B DATE	1 m	M 24C. NAME OF CEMETE	.D. MEDICAL INVESTIGAT		6/2/52 or county) (State)	
	N, REM				Z46. NAME OF CEMETE	PRINTER COMMING THE 4 9	1052	or country (State)	
-	ATE RE	CELVE	D BY REGISTRAR	SSIGNATI	IBE TONN HOLKINZ V	25. FUNERAL DIRECTOR	אטכו	ADDRESS	
	CAL F			+ IN	110	or sinper of Han	lth		
2.5	11 7	100	- 1 Junting	con VIV	1800 112 2200 11	A ACCOUNT SUCCESSION OF THEM	11.1.		

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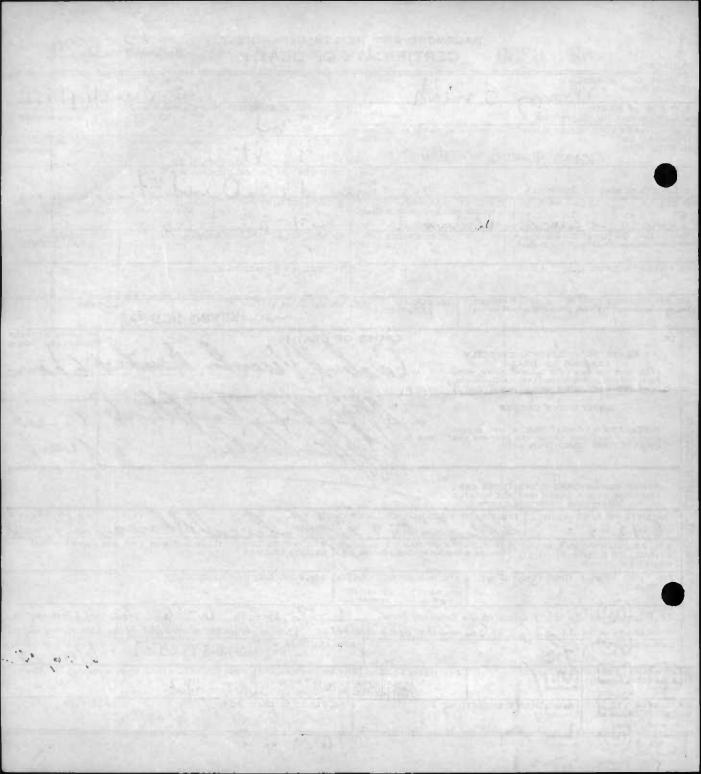


3	12	general and a second						
ВІ	52 RTH NO.	6329	3			EALTH DEPARTMENT E OF DEATH	52 Registered No.	6329
1. (T	NAME O	F DECEA	SED	5 -	H. 1. 1. 1. a		2. DATE OF	2.1000
A.	Baltimo		Maryla (1)	ho.	Val 28	4. USUAL RESIDENCE (Where deceased lived. If ins	titution : residence before admission)
H	FULL NA OSPITAL STITUTIO	OR JO	OHNS HOP	KINS HO	ion, give street address or location)	C. CITY OR TOWN (I	f outside corporate limits, v	vrite RURAL and give township)
c.	Legth	of stay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
7	sex Nale	Cu	lor or RACE	WIDOW	E, MARRIED, (Specify)	5-20-97	V9. AGE (In years If Unc last birthday) Month	ler 1 Year If Under 24 Hours 18 Days Hours Min.
			TION (Give kind of ag life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	WHAT COUNTRY
		S'S NAME.	5.			14. MOTHER'S MAIDEN N	NAME	
15 (Yes	. WAS DEC	EASED EVE	R IN U.S. ARME! yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT HOPK	INS HOSPITAL ADD	RESS
RTIFICATION	DISE UNDE	does not	CONDITION DEATH	DIRECTLY TH OF dying, e. g ans the disease caused death. SES F ANY, GIVIN STATING TH AST.	(A) Tubay DUE TO (B) Aoy (C) LUX	of DEATH culosis, general Lic Ameury is		INTERVAL BETWEEN
CER	TRIBU TO TH	TING TO T	TICANT CONDI	NOT RELATE	e (Axterios	cherosis, gener	alized	
CAL	19A. DA	TE OF OP	NC 1	9B. MAJOR	None	RATION		YES NO
VEDIC	LYING	OR CON	NAS UNDER- TRIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, give	e exact location)
8		IE (Month	(Day) (Year)	(Hour)	VHILE AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
	decease	ereby cered alive of	n 6-13		and that death occur	rred at 450 m., from 38. ADDRESS	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24 TIC	A. BURIA	AL, CREMA AL (Specify	24B. DATE		24C. NAME OF CEMETE		0 1952	county) (State)
	ATE RECE	IVED BY	REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTOR		DDRESS
	VS 15	50	Dist	av	atomicia		Mindrand "	



Registered No. 6330

	Langth of store in	Daltimana		Mos.	D. SIREE!	L 6 1	rural, give location	,	
_	Length of stay in	LOR OR RACE	7 SINGLE	Days E. MARRIED.	8. DATE OF	BIRTH	9. AGE (In years	If Under 1 Year	If Under 24 Hours
F	Emale Cu	laned		ED, DIVORGED (Specify		- 87	last birthday)		Hours Min.
orl	DA. USUAL OCCUPA k done during most of workin	TION (Give kind of ag life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR		LACE (State or f	oreign country)		ZEN OF AT COUNTRY?
13	3. FATHER'S NAME	7			14. MOTHER	P MAIDEN N	AME		
15 Yes	5. WAS DECEASED EVE s, no or unknown) (If 3	R IN U.S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORM	OHNS HOP	KINS HOSPITA	ADDRESS	
		henia, etc. It mea	TH of dying, e.g ns the diseas	(A) Core	OF DEATH	front	face		RVAL BETWEEN ET AND DEATH
NOUVE	DISEASES OR C RISE TO THE ABO UNDERLYING (OVE CAUSE (A) CONDITION LA	F ANY, GIVIN STATING TH		Mark	licit			verk
CERT	OTHER SIGNIF TRIBUTING TO TO TO THE DISEASE	HE DEATH, BUT	NOT RELATE	.D T.					
FUICAL	21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g. in the 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) INJURY OCCUR?								
À	21D. TIME (Month	(Day) (Year)		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK		א סום א	Y OCCUR?		
	22. I hereby cert deceased alive or 23A. SIGNATURE		tended the		6-12 rred at 4		the causes and o	n the date	
24	4A. BURIAL, CREMA ON, REMOVAL (Specify)	248, DATE		24c. NAME OF CEMET	MEDICAL SCHO	ATORY 240. L	4 1952	own, or county	y) (State)
	ATE RECEIVED BY	REGISTRAR	s SIGNATU	Villaus, Mi	1 Juntin	gton Wil	liaus, M.T.	ADDRE	SS
	VS 150		02 5	w. 0	6 30	21			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) W//LL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR 2101 COLOSPRINGJogation (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION I muent Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore ans Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give) find of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT/COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMAN' ADDRESS (If yes, give war or dates of service) SECURITY NO. Calla INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ownery old (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

(Yes, no or unknown) tulosclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-ЩO

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

1 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 5/28/ , 195 to_ ___, 19___, that I last saw the 5/2/ 1952, and that death occurred at 9:30. m., from the causes and on the date stated above. deceased alive on_

23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS Was wenger, MID. 24D. LOCATION (City, town, or county) 24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of

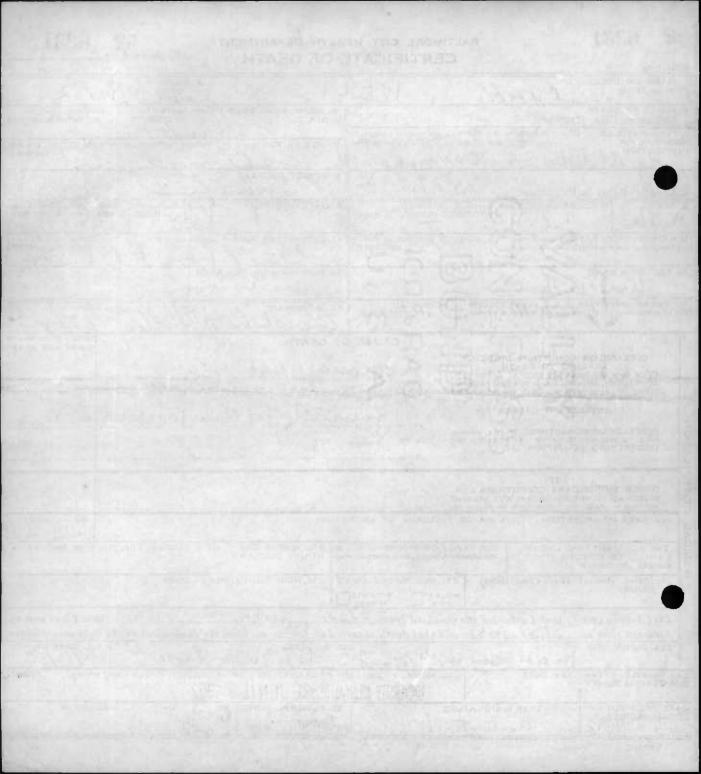
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAS

20. AUTOPSY

YES

ADDRESS

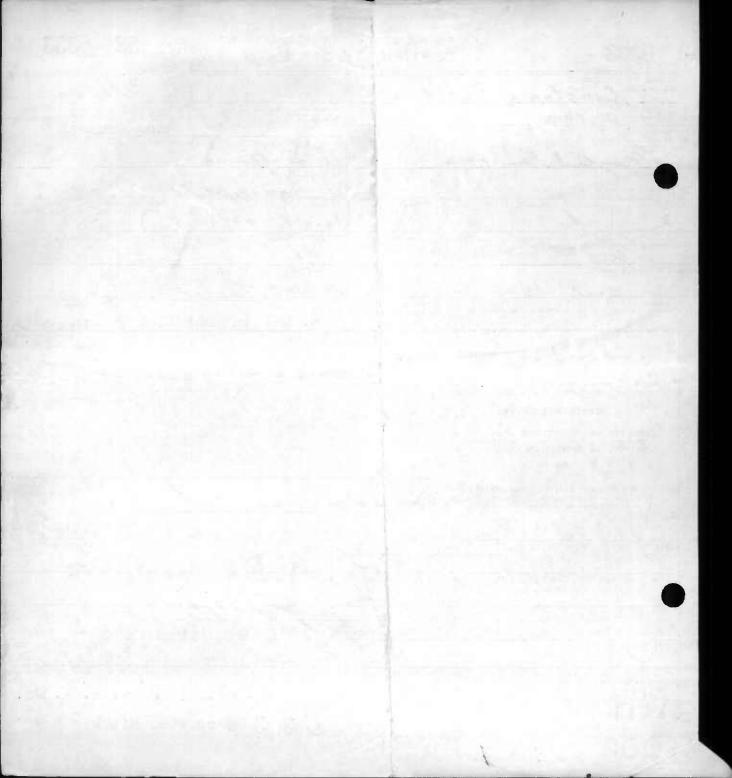
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-	635							
5	2 63 RTH NO.	32 -157		CERTIFICATI	E OF DEATH	NT Registered	2 6332 No. 6332	
	NAME OF I	BABY	WOR	THINGTO	N	2. DATE OF DEATH JUL	Y 4, 1952	
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENC	E (Where deceased lived, I B. COUNTY		
в. Н О	SPITAL OR		al or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give	
U	NON	MEMORI	AL HO		BEL AI		www.nomp,	
-	Length of	stay in Baltimore		Yrs. Mos. Days	788	(If rural, give location)	6200	
	M	6. COLOR OR RACE	SIN	E, MARRIED, VED, DIVORCED (Specify)	JULY 2, 1952	9. AGE (in years last birthday)	onths Days Hours Min.	
work	done during most			O OF BUSINESS OR INDUSTRY	MARY L		12. CITIZEN OF WHAT COUNTRY?	
_	FATHER'S		WORT	HINGTON	HAZEL	HAWK	NS	
(Yes,	WAS DECEAS	ED EVER IN U.S. ARME (If yea, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	MOTHER	BEL AIR	ADDRESS ND.	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-							
Ö.	TO THE	G TO THE DEATH, BUT	CAUSING I	т				
AL	ISA. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO	
MEDICAL								
4	21D. TIME	(Month) (Day) (Year)	(Hour)	D 21f. HOW DID IN.	JURY OCCUR?			
	deceased a	live on July 4	tended the , 19 52,	and that death occur	red at 1951 to 38. ADDRESS	om the causes and on salt	that I last saw the the date stated above. 23C. DATE SIGNED 1 23C. 7952	
24	A. BURIAL, N, REMOVAL (Specify) 248. DATE	5.2	Darling		Dar I ne fo	n, ortounts) (State)	
DA	TE RECEIVE	D BY REGISTRAR	SSIGNATU	IRE	25 RUNERAL DIRECT	OR TY D	ADDRESS	
	VS 150	1952 Junting	lon Ho	have, MP?	() 6/3 m2/	gare voe	mer mer	

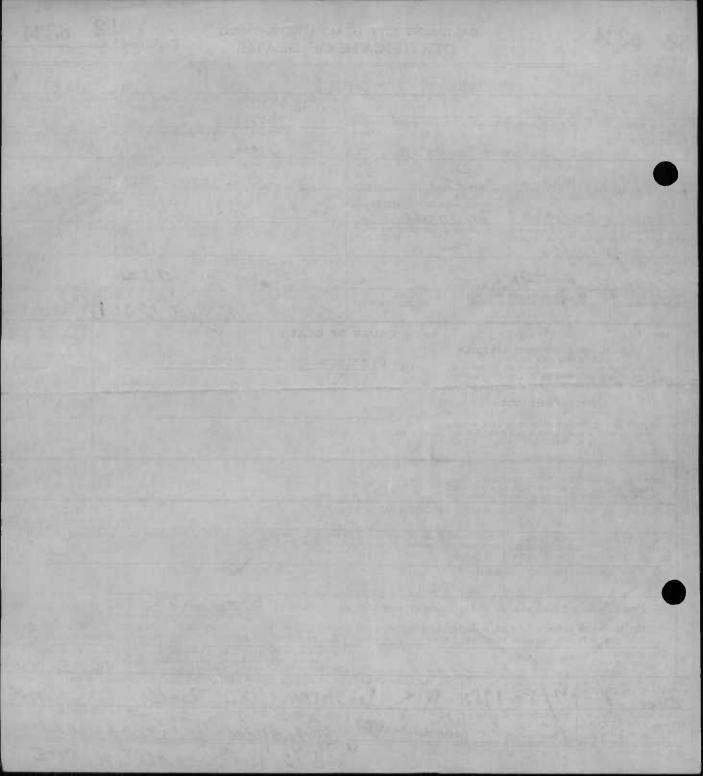
A Ann 13 day and Outstill a war to the same Developed that they day with thete address in

1	143								
BALTIMORE CITY HEALTH DEPARTMENT / 52 6333									
17	2 63331 Registered No. 0000								
	BIRTH NO. 116M MURILLAND								
	NAME OF DECEASED ype or Print)	CI			2. DATE 0	0/			
-	PLACE OF DEATH:	15	ifflet	4. USUAL RESIDENCE (W	DEATH Thomas descripted like in	/ 1 2			
	Baltimore City, Maryland			A. STATE	B. COUNTY	before admission)			
	FULL NAME OF (If not in hospit	al or institut			Anne Ar				
	SPITAL OR STITUTION		location	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)			
	Marley Ben	. How	m.	N. Linthicu:		township)			
73			Yrs. Mos.	D. STREET ADDRESS (If I	rural, give location)				
c.	Length of stay in Baltimore		Days	71 Annapolis Rd 5200					
5.	SEX 6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years HU	nder 1 Year If Under 24 Hours ths: Days Hours; Min.			
	F onh.	5	e e e e e e e e e e e e e e e e e e e	June 3, 1947	5	20010			
10	A. USUAL OCCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF			
wor	done during most of working life, even if retired) None		INDUSTRY	MI		WHAT COUNTRY			
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME				
	Truib Shissis	+		1 2 1	,				
1.5	. WAS DECEASED EVER IN U. S. ARMED		16. SOCIAL	Melvina Tay					
(Ye	(If yee, give war or date	of service)	SECURITY NO.	17. INFORMANT		DRESS			
_				Mrs. Melvina	Shifflet 71				
	18. 510.1		CAUSE	OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION		0			ONOE! AND DEATH			
	(This does not mean the mode of		g. (A) Core	bool embolis					
	heart failure, asthenia, etc. It mea injury or complication which of	ns the diseas	se,						
			-	,					
7	ANTECEDENT CAUS	ES	000	* p. T + A.					
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING								
₽	UNDERLYING CONDITION LA		HE OUE TO						
Ö									
	11								
ER	OTHER SIGNIFICANT CONDI			1 11 . 11					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?			
S	1/3/52 /	Tras	tophied 10	will or adden	ila.	YES NO			
DICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.		f in Baltimore City, gi	ve exact location)			
M									
-	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?				
	MJOAT	m.	WHILE AT NOT WHILE						
	22 I homehy contifu that I not				105%	that I last says the			
	22. I hereby certify that I attended the deceased from 7/3, 1952, to 7/2, that I last saw the								
	deceased alive on 7/2, 195, and that death occurred at Z.35Am., from the causes and on the day 23A. SIGNAPURE 23A. DDRESS 2								
	12.2.1 Ba	- 0		me han He	al I	23c. DATE SIGNED			
2.	IA. BURTAL, CREMA- 248. DATE		M. D. 4 24c. NAME OF CEMET	ERY OR CREMATORY 24D. LC	CATION (City, town, o	r county) (State)			
TI	ON REMOVAL (Specify)								
	Burial July 7 ATE RECEIVED BY REGISTRAR	<u> </u>	Gren Hav	en Mem. Pk. Rit	cnie Hgwy.	A A CO			
	CAL REGISTRAR	JONAIL	DRE	23. FUNERAL DIRECTOR	4003 D44	Md.			
-	JUL 7 - 1952 thenting	tors /	11:30 B 110	George To Gond	ce 4001 Rit	chie Hgw			
	VS 150			HO					
11									



5 -3	
52	6334
BIRTH	NO.
1. NAM	E OF DECEA

CERTIFICAT	E OF DEATH Registered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF TOTAL A 2000
GERALDINE BAI	RNETT DEATH JULY 4, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
INSTITUTION	township)
South Baltimore General Hospital	Baltimore /6-0
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. hength of stay in Baltimore Life Days	1230 W. Lanvale Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min.
Female Colored Married	3-12-1701 45
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House (Ulake	AUX CONTAIL
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Houland Brown	(e Porla m = 955
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS 0
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Lester Barnett 1230 13 Janvale
1 10	INTERVAL BETWEEN
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	inoma of the cervix
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	LITOLET OF OILS OCT VIA
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES NO X
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	
UNDERLYING OR CONTRIB- about home, farm, factory, street, office hidg.	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
ni. work AT WORK	show held an Inspection & Inquiry theman and from
	above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above,
	28 A, aecident , suicide , homicide , undetermined .
23A. SIGNATURE	ASSISTANT MEDICAL EXAMINER
	M.D. MEDICAL INVESTIGATOR
24A. BURIAL, CREMA- 24B. DATE AC. NAME OF CEMET	Ded had
Durial 1/0 1/2 11/1 un	a continue and
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10 8 = 1952 Huntington Williams, My	Charles y Opoper
V S 151	572 h. Corn relton ave
	012 11. Ownound and

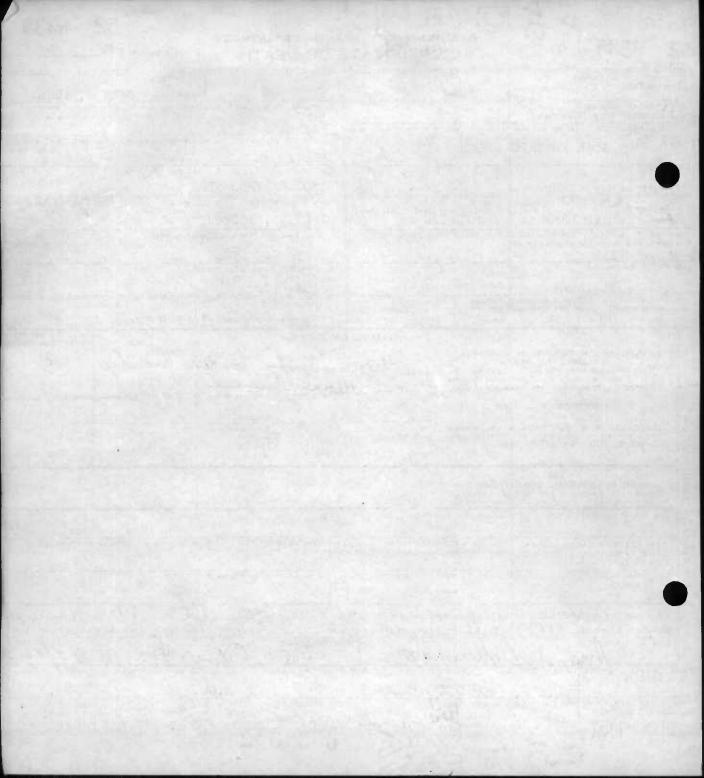


BALTIMORE CITY HEALTH DEPARTMENT

52	6335
BIRTH	

CERTIFICATE OF DEATH					
	CERTI	FICATE	OF	DEATH	

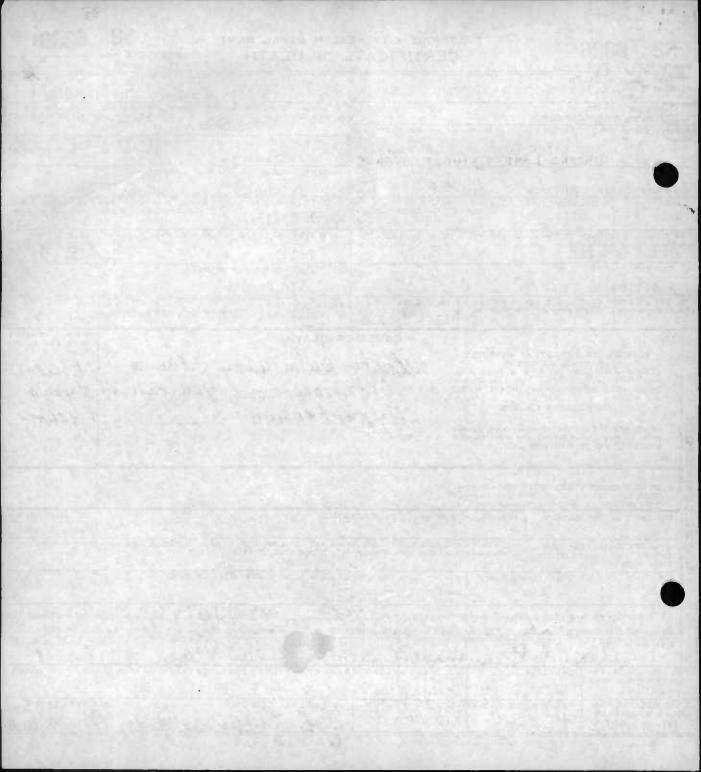
	RTH NO.	35		CERTIFIC	CATE	OF DEAT	Н	Registered	l No.	
1. (T	NAME OF 'ype or Print)	DECEASED	AN MEDL	RV				2. DATE OF	TV (5 1052
	PLACE OF Baltimore		The second			4. USUAL RESIDE	INCE (W	here deceased lived. B. COUNTY	If insti	5, 1952 itution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		on, give street ad lo	Yrs.	MARYLAND c. CITY OR TOWN BALTIMORE D. STREET ADDRE		outside corporate lin	nits, wr	rite RURAL and give township
		stay in Baltimore 6.COLOR OR RACE		o yrs.	Mos. Days	8. DATE OF BIRTH		REET 9. AGE (In years)	If IIndex	1 Year If Under 24 Hours
N	Z.E	COLORED	WIDOW MAR	ED DIVORCED	(Specify)	JULY 29, 1				Days Hours Min.
OTI	HOUSE W		10B. KIND	OF BUSINESS IND	OR USTRY	NORTH CARC 14. MOTHER'S MA	LINA		12.	CITIZEN OF WHAT COUNTRY U.S.
15		BELLEMAY	FORCES	16. SOCIAL		IDA PITTS	3			
Yes	NO	(If yes, give war or date	s of service)	SECURITY	NO.	ANDREY APT	אד שיער	1505 BREVAN	ADDR	
CENTIFICATION	(This doe heart fail injury or	ASE OR CONDITION LEADING TO DEA' 25 not mean the mode of ure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION DISEASE OR CONDITION	I'H f dying, e. g f dying, e. g sthe disease saused death. SES F ANY, GIVIN STATING TH ST, TIONS CON NOT RELATE	(A)	rteri		Carde	o - Vascul	las	ONSET AND DEATH
1	19a. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF	OPER.	ATION	A sy			20. AUTOPSY?
MEDIC	CAUSE OF	(Month) (Day) (Year)	about home, fa	CE OF INJURY arm, factory, street, off	ice bldg., e	Le.) INJURY OCCU	R?	in Baltimore City	, give	
					T WHILE					
FIC	22. I here deceased of 23A. SIGNA IA. BURIAL, NN. REMOVAL (BURIAL) ATE RECEIVE	CHEMA 248. DATE Specify, JULY 8.	2lui	A NEW M 24C. NAME OF C MT. CALVA	OCCUT	,	from the	CATION (City, tov	the d	at I last saw the late stated above on the stated above ounty) (State) MD.
J	UL 8 - 1	TRAR	yton /	Villiams.	MIT.	RAYNER SANDE	roen	Indere		
	VS 150	*	01 14	1 1 1		600	4			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6336
Registered No.

1. NAME OF D (Type or Print)		iah Alt	man	712 - 12 12 12 13 1	2. DATE OF DEATH	July 6.	,1952
	City, Maryland			4. USUAL RESIDENCE A. STATE Maryl	B. COUN		tion : residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	Rochester C	ourt Ap	NDEN AVENUE	c. CITY OR TOWN (Baltimore	If outside corpora	13-	RURAL and give fownship)
c. Length of s	stay in Baltimore	LI	Yrs. Mos. Days	D. STREET ADDRESS (I			
5.sex Male	6.COLOR OR RACE White	WIDOW	MARRIED. ED, DIVORCED (Specify) ETTIEC	8. DATE OF BIRTH March 25, 1897	9. AGE (In ye	ears If Under 1 Y	Pays Hours Min.
10A. USUAL OC ork done during most Office M	CCUPATION (Give kind of of working life, eveo if retired) anager		of Business OR INDUSTRY	11. BIRTHPLACE (State or Baltimore M			HAT COUNTRY?
13. FATHER'S			(m)	14. MOTHER'S MAIDEN			
	h Altman ED EVER IN U.S. ARMEI	FORCEST	16. SOCIAL	Belle Jacobi			
Yes, oo or ooknowo)	(If yes, give war or date	s of service)	216-09-6334	Mrs Hilda Altma			Apt Apt A
Disease Rise to 1 UNDERL	s not mean the mode of the asthenia, etc. It means the mode of the complication which of antecedent causes of conditions, in the above cause (A) YING CONDITION LA	ns the discas- aused death. SES F ANY, GIVIN STATING TH. ST. TIONS CON	(C)	of DEATH Pulmouary eriosclerosis, erteusiou	Genrera	lized 5	yeus. Years.
TO THE E	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING I	FINDINGS OF OPER	RATION			20. AUTOPSY?
LYING OCAUSE OF 210. TIME INJURY 22. I hereb	(Month) (Day) (Year) y certify that I att	(Hour) m.	and that death occur	ED 21F. HOW DID INJU	July6,	City, give ex, 1952, that d on the dat	act location) t I last saw the se stated above.
24A. BURIAL, TION, REMOVAL (I Eurial	CREMA- Specify) July 8			RY OR CREMATORY 24D.	LOCATION (City		nty) (State)
DATE RECEIVE			Villiams, M.P.	Sol Survey	ion B	ws M	ath and
Vs 150		0 0	0.60	6000			



1	50							
B	2 63 IRTH NO.	37	BAI	CERTIFICATE	EALTH DEPARTMENT E OF DEATH	5 Registered	2 6337 No. 6337	
	NAME OF D Type or Print)		chel I	evine		2. DATE OF DEATH Jul	y 7,1952	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. I	If institution: residence before admission	
В.		OF (If not in hospit		ion, give street address or location)	Maryland			
11	ISTITUTION	4506 Sorre	nto Ave	;	c. CITY OR TOWN (If	outside corporate its	its, write RURAL and give township	
3.7				Yrs.	D. STREET ADDRESS (If	rural, give location)		
		tay in Baltimore	55	Yrs Mos. Days	1715 W North	Ave :		
5. SEX 6. COLOR OR RACE Female White			WIDOV	E. MARRIED. VED, DIVORCED (Specify) Idow	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min	
10 wor	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) House "ife				11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME		
		Schlesing			Unkown			
(Ye	o. WAS DECEASE o, no or unknown)	ED EVER IN U.S. ARMET (if yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs Max Cohen 24		town Road	
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT inot mean the mode cre, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A)	TH f dying, e. n ns the diseas aused death ES ANY, GIVIN STATING TE	S, (A) Chro	rue Myocard rue Myocard rocleratie Car Keval	lites desverculs disease.	INTERVAL BETWEE	
	TRIBUTING	IGNIFICANT CONDI 5 TO THE DEATH, BUT 15 SEASE OR CONDITION F OPERATION	NOT RELATE CAUSING I	D	ATION		20. AUTOPSY?	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., ir farm, factory, street, office bldg., e	or 21c. WHERE DID (INJURY OCCUR?	f in Baltimore City,	give exact location)	
21b, TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 21f, HOW DID INJURY OCCUR?								

INJURY WHILE AT NOT WHILE 1952, to 1952 that I last saw the 22. I hereby certiff that I attended the deceased from Man 27 Y= m., from the bauses and on the date stated above. 1952, and that death occurred at deceased alige on_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore Md July 8, 1952

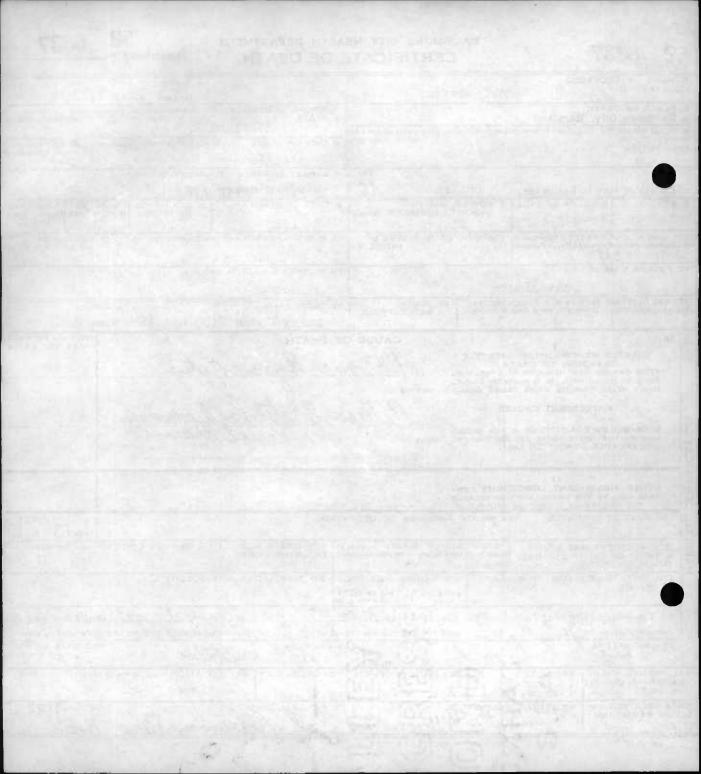
25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR

vs 150

REGISTRAR'S SIGNATURE

ADDRESS 1266



52	6338

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give 8/3'2 W. (If rural, give location) Yrs. **ADDRESS** Mos. c. Length of stay in Baltimore Lowwood Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WITOWED DIVORCED last birthday) Months; Days Hours; Min. 1866 married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF L INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? etined 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 1161 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL VES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from. , 19___, that I last saw the and that death occurred at ?deceased alive on. m., from the eauses and on the date stated above. 234. SIGNATURE DDRESE 23B. 23c. DATE SIGNED 24A./BBRIAL, GREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. AQCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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	06	6339
Registe	ered No	

В	IRTH NO.			OLIVINI 10/VII	- 01				
T.	NAME OF C	ECEASED				2. DATE			
(1	Type or Print)	Elizabe	th Ri	itkowski		OF DEATH TI	lv 6/52		
A.		EATH: City, Maryland	312 9	S. Ann St.	A. STATE	E (Where deceased lived, 1) B. COUNTY			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN		ts, write RURAL and give		
	4/					altimore	1-0		
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	312	(If rural, give location) S. Ann St			
	sex Temale	6.COLOR OR RACE	MIDON	E. MARRIED, VED, DIVORCED (Specify) NOWED	8. DATE OF BIRTH	9. AGE (In years last birthday) M	ff Under 1 Year on the Days Hours Hours Min.		
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	May 11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF		
		of working life, even if retired)	7 17	INDUSTRY			WHAT COUNTRY		
13	Hou	se Wife			Poland 14. MOTHER'S MAIDE				
	. I ATTIER 3	AMINE			14. MOTHER'S MAIDI	IN NAME			
	M	artin Gajew	ski		Unk.				
(Ye	MAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS		
_					Albert Ru	tkowski			
	18. 42 DISEA	SE OR CONDITION	DIRECTLY		OF DEATH	0 .	ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or	complication which	aused death	a.) DUE TO		1 6			
7	Marie 15	ANTECEDENT CAUS	Hard Wes	una 2 yes					
CATION	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	NG (B)	ended.	á kroselem	. 7		
-			-	J	()				
ERTIF	OTHER S	II SIGNIFICANT CONDI S TO THE DEATH, BUT	TIONS CO	v-					
CE		ISEASE OR CONDITION							
	19A. DATE	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
3							YES NO		
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
2	21D. TiME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	INJURY	MHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereb	22. I hereby certify that I attended the deceased from 9/11, 1951, to 7/6, 1951, that I last saw							
		liveron 7/6	. 2 . 1	and that death occur		om the causes and on t			
	23A. SKONA		1		3B. ADDRESS	Il St	23c. DATE/SIGNED		
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B, DATE	1.19	24C. NAME OF CEMETE	RY OR CREMATORY 2	4D LOCATION (City, town	n, or county) (State)		
	Buria		0/52	St. Star	islaus	Baltimore	9		
D L	ATE RECEIVE	D BY REGISTRAR			FUNERAL DIRECT	TOR COA	ADDRESS		
H	16 8 - 19	2	gran /	Thursday My	TREED JA.	wa azews	4		
	VS 150		X1 2	perit, feath man	193	O Eastern Av	e.		

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7	42							
S B	6340 IRTH NO.	A-7 3598	BALTIMORE CITY HE CERTIFICATI		52 Registered No.	6340		
	NAME OF D		lward Ennells		2. DATE OF 6-10-52			
Α.		EATH: City, Maryland		4. USUAL RESIDENCE (WAA. STATE		stitution : residence before admission		
B.H.E	OSPITAL OR	Baltimore Cit	al or institution, give street address or ty Hospitals location)		outside corporate limits, v	write RURAL and give township		
		tay in Baltimore	Yrs. Mos. Days	B. C. H. 4940 I				
5.	Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years f Und last birthday) Month	der I Year If Under 24 Hours hs Days Hours Min.		
wor	OA. USUAL OC k done during most of	CUPATION (Give kind of of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY		
13	3. FATHER'S N	Henry En	nells	Emmeline	AME			
(Ye	5. WAS DECEASE m, no or unknown)	D EVER IN U, S. ARMED (If yea, give war or dated	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records	s: 4940 Easter	RESS n venue		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Vascular Accident							
7	ANTECEDENT CAUSES Auricular Fibrillation							
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Hypertensive Arteriosclerotic Cardio- vascular Disease							
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT							
	22. I hereb	1	ended the deceased from	-28 to to	he causes and on the	that I last saw the		
	23A. SIGNAT		20 Jan M.D.	38. ADDRESS 4940 Eastern A	1 2	3c. DATE SIGNED 6-24-52		
	4A. BURIAL, CON, REMOVAL (S		24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)		
D	ATE RECEIVE	REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6341

BIRTH NO

_						
1.	NA	ME	OF	DEC	EASED	
(T)	ne	or	Print)			

Katherine Schubert

2. DATE

DEATH June 9. 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

Registered No-

B. COUNTY

	Balti			Maryland	
в. Н	FULL	NAME AL OR	OF .	Baltimore City Hospit	ŀ

Baltimore city ospitals location) Louo Eastern Avenue

Mary land C. CITY OR TOWN

before admission) (If outside corporate limits, write RURAL and give township)

Balt imore

8. DATE OF BIRTH

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Mos. Days 7. SINGLE, MARRIED

BaltimoreCity Hospitals 4940 Eastern Ave.

Female

INSTITUTION

6. COLOR OR RACE

WIDOWED, DIVORCED (Specify) Widowed

March 1, 1876 11. BIRTHPLACE (State or foreign country)

9. AGE (In years | M Under | Year | M Under 24 Hours | Months Days | Hours Min.

IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR vork done during most of working life, even if retired)

INDUSTRY

Mary land

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Bostick

Yrs.

14. MOTHER'S MAIDEN NAME Hester Neal

ADDRESS

(Yes, no or unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Records: B. C. H. 4940 Eastern Avenue CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral Vascular accident

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Arteriosclerotic vascular accident

17. INFORMANT

DUE TO with Carcinoma of stomach

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21c. WHERE DID

25. FUNERAL DIRECTOR

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED NOT WHILE!

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from.

deccased alive on. 23A. SIGNATURE

EDICA

6-9, 1952, and that death occurred at 5:40P m., from the causes and on the date stated above

4940 Eastern Avenue

23C. DATE SIGNED

1952, that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24D. LOCATION (City, town, or county)

DATE RECEIVED BY

23B. ADDRESS

ADDRESS

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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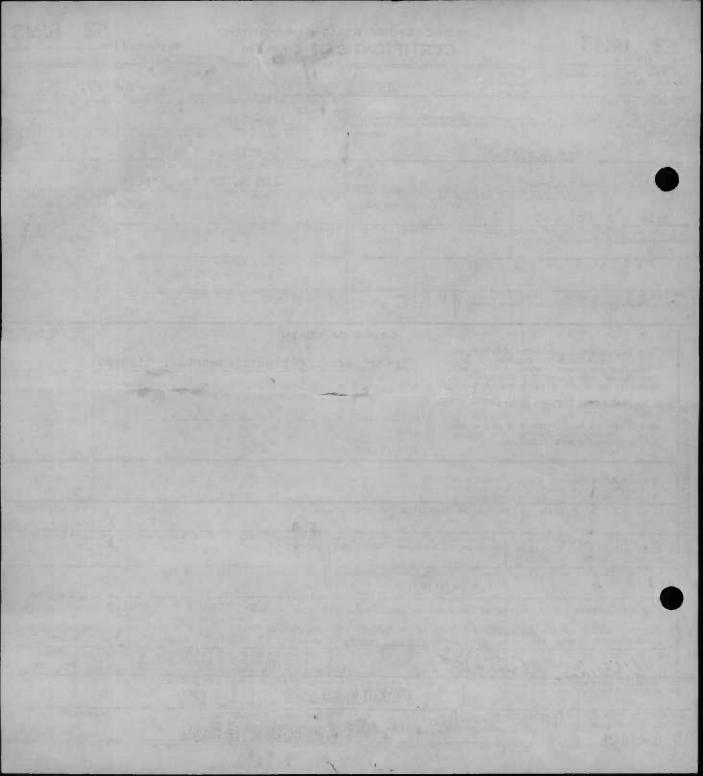
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Pro-loss astronor of a long solute donors to be surjoyed date

Registered No. 6342 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DENNIS BRADLEY DEATH June 16. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City Morgue township) Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. 160 N. Gay St. Days gth of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years) If Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months; Days Hours; Min. Male White 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME N 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER 2 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR

6	50		BALTIMORE CITY HE	ALTH DEBARTMENT	5	2 6343
	52 66 RTH NO.	343	CERTIFICATI		Registered No.	E 0343
	NAME OF D		SEPH GREEN		2. DATE OF DEATH June 1	7, 1952
	PLACE OF D		OH III	4. USUAL RESIDENCE (W		
B. I	FULL NAME OSPITAL OR STITUTION		al or institution, give street address or location)		outside corporate limits, w	rite RURAL and give
		Mercy Hospi	tal Yrs.	Baltimore D. STREET ADDRESS (If r		1
c.	gth of s	tay in Baltimore	Mos. Days		eter Street	
5.	sex Male	6.COLOR OR RACE	V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		1 MBIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	0	14. MOTHER'S MAIDEN NA	ME	
. 12	WAS DESCRICT		W	N		
(Yes	, nn or unknown)	ED EVER IN U.S. ARMEI (If yes, give war nr date	D FORCES? N 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
ERTIFICATION	DISEASE RISE TO TUNDERLY OTHER STRIBUTING	LEADING TO DEA s not mean the mode ure, asthenia, etc. It mer complication which ANTECEDENT CAUSE S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT COND G TO THE DEATH, BUT TISEASE OR CONDITION	of dying, e.g., (A) 10011102 ans the disease, caused death.) SES IF ANY, GIVING STATING THE DUE TD AST. (C)	sclerotic cardiova	scular disease	
O.			98. MAJOR FINOINGS OF OPER	ATION		20. AUTOPSY'?
EDICAL	UNCERLYIN	NAL CAUSE WAS G OR CONTRIB-			f in Baltimore City, give	
ME	210. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		OCCUR?	
	the ev	idencc obtained by egth in my opinion	rye of the remains described a said Autopsy, Inspection or I resulted from: <u>natural causes</u>	Autopsy, 1 Inquiry, find that said de	nspection or Inquiry eeased died on the a , homicide , unde	day stated above, stermined
2.4 TIC	A. BURIAL.	CREMA- 24B. DATE	248 NAME OF CEMETE	.D. MEDICAL INVESTIGATO		e 17. 1952 county) (State)
	ATE RECEIVE DCAL REGIST	DAD L	s signature Williams, Mg.	25. FUNERAL DIRECTOR	PILL	DDRESS
V	S 151	4	V	6. Yallillian	4.	-



25. FUNERAL DIRECTOR

RICH? FUNERAL HOME

ADDRESS

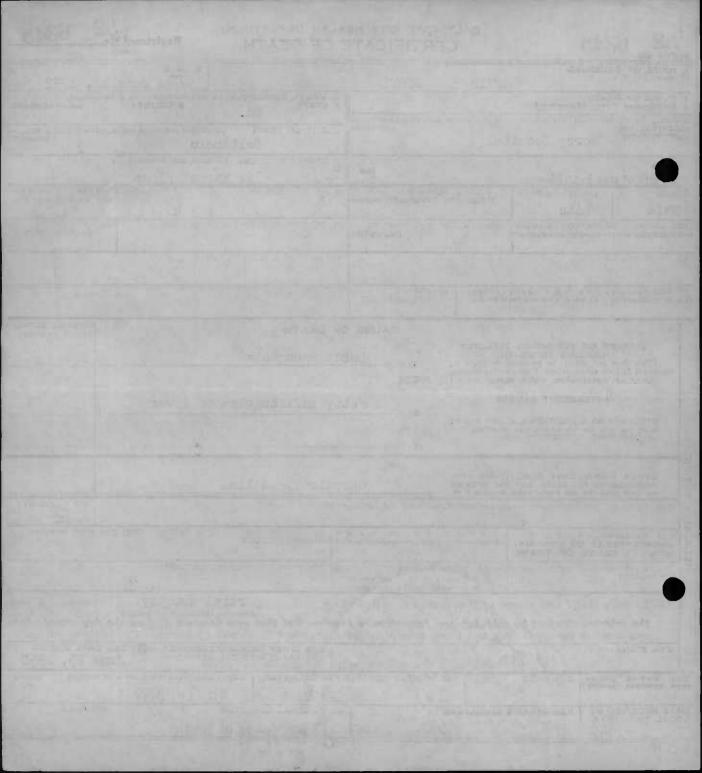
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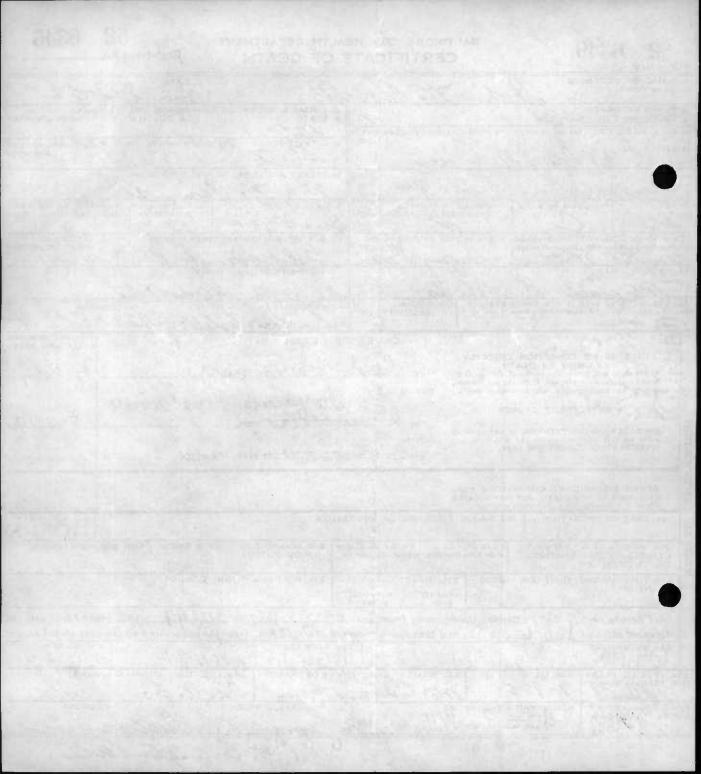
DATE RECEIVED BY

LOCAL REGISTRAP

The same transfer of the same AND THE RESERVE OF THE PROPERTY AND ADDRESS.



163	
57 6776	E OF DEATH E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print)	ento 2. DATE OF 7-7-52
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION	
c. Length of stay in Baltimore 27 yrs Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, us or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS
18. 442X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	tral hemmorrhage 4 days
injury or complication which caused death.) DUE TO	iolio varcular renal disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	divorcular rural
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
218. PLACE OF INJURY (e.g., LYING OR CONTRIBUTING bldg., cause of Death	
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	2 to 1 A Pa
23A SIGNATURE COMPLY M.D.	1039 11 WRLL ST 123C. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION. REMOVAL (Specify) 7-9-52 M. Calva.	ery or CREMATORY 24D. LOCATION (City, town, or/county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HUNTINGTON Wallacus M5	25. FUNERAL DIRECTOR ADDRESS
VS 150	10/18/1 of alington ave



52 6347 IRTH NO.	BALTIMORE CITY HE CERTIFICATE			52 ered No	6347
NAME OF DECEASED HANIE	J 510	RION	2. DATE OF DEATH	7-7-	. 52
, PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased li		tion : residence before admission)
OSPITAL OR	stitution, give street address or location)	c. CITY OF TOWN	(If outside corporal	rto	RURAL and give township)
) Mos.	D. STREET ADDRESS	(If rural, give locat	ion)	

INDUSTRY

CAUSE OF DEATH

8. DATE OF BIRTH

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

21c. WHERE DID

INJURY OCCUR?

FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

7. SINGLE, MARRIED.

WIDOWED, DIYORCED (Specify)

16. SOCIAL

OUE TO

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or

7 1952 and that death occurred at

21E. INJURY OCCURRED

NOT WHILE

AT WORK

240 NAME OF CEMETERY OR CREMATORY

may

about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

SECURITY NO

vidou

10B. KIND OF BUSINESS OR

igth of stay in Baltimore

10A. JUSUAL OCCUPATION (Givekind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

work done during most of working life, even if retired)

verse wy FATHER'S NAME

2010

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

deceased alive on. 23A. SIGNATURE

24 BURIAL CREMA

TION, REMOVAL (Specify) DATE RECEIVED BY

LOCAL REGISTRAR

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from

24B, DATE

(Yes, no or naknown)

ERTIFICATION

EDICAL

6. COLOR OR RACE

If Under 1 Year

ADDRESS

12. CITIZEN OF

last birthday) | Months: Days | Hours | Min.

9. AGE (in years)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND GEATH

20. AUTOPSY1

23c. DATE SIGNED

YES

1, 195 that I last saw the

ADDRESS

(If in Baltimore City, give exact location)

2.m., from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

Color Confide 4

552	
52 6348	E OF DEATH Registered No. 6348
1. NAME OF DECEASED (Type or Print) CELIA ZAMANSKX	2. DATE OF DEATH JULY 7,1952
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION LUTAERAN HOSP.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
c. Leigth of stay in Baltimore Yrs. Mos. Daws	BALTO. 21-18 township) D. STREET ADDRESS (If rural, give location) 4005 Lewistone ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year last birthday) 3/20/86 9. AGE (In years of Under I Year last birthday) Months: Days of Hours of Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) RUSSIA 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17, INFORMANT ADDRESS Kerol Famursky- Lane
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED.	OF DEATH Perelual Cemandia 2 13 hrs. Internal Cardia vos Culas duease

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.)

21F, HOW DID INJURY OCCUR?

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED

NOT WHILE

22. I hereby certify that I attended the deceased from 10 30 Am

19 That I last saw the 19.52 and that death occurred at_ from the causes and on the date stated above.

deceased alive on_Z 23A. SIGNATURE

Ü

MEDICAL

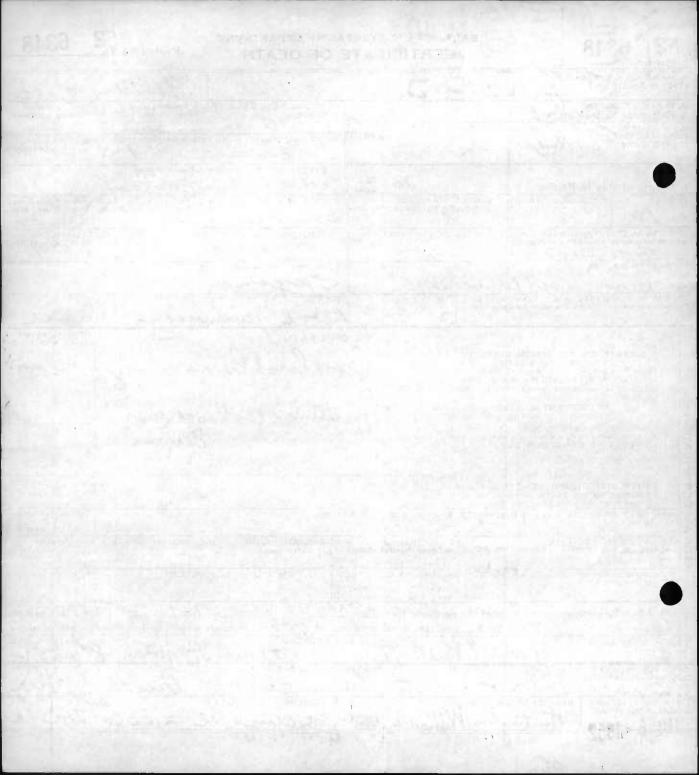
23B. ADDRESS

BURIAL, CREMA-

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED (Type or Print) EDITH MAY DOUTTEL. (Aldred) July 8, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3411 Harford Road Yrs. o. STREET ADDRESS (If rural, give location) Mos. 3411 Harford Road c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) & linder | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female white married Feb.20.1879 10A. USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Domestic Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David B. Atkinson Sarah Fitch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 9-16-6711 Mr. George R. Douttiel.3411 Harford INTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATH OF OPERATION

2 18 PLACE OF INJURY (e. g., in or 216. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

NOT WHILE WHILE AT

AT WORK

195 that I last saw the 22. I hereby certify that I attended the deceased from !! , 195 2 and that death of drred of 3 5 Am. July from the causes and on the date stated above. deceased alive on 2 23C DATE SIGNED 23A. SIQUATUA

24A BURAL CREMA-TION REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Burial

Woodlawn Cemetery

Baltimore, Naryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Ruck,

ADDRESS

5305 Harford

(If in Baltimore City, give exact location)

7200

VS 150

John W. Barnaby

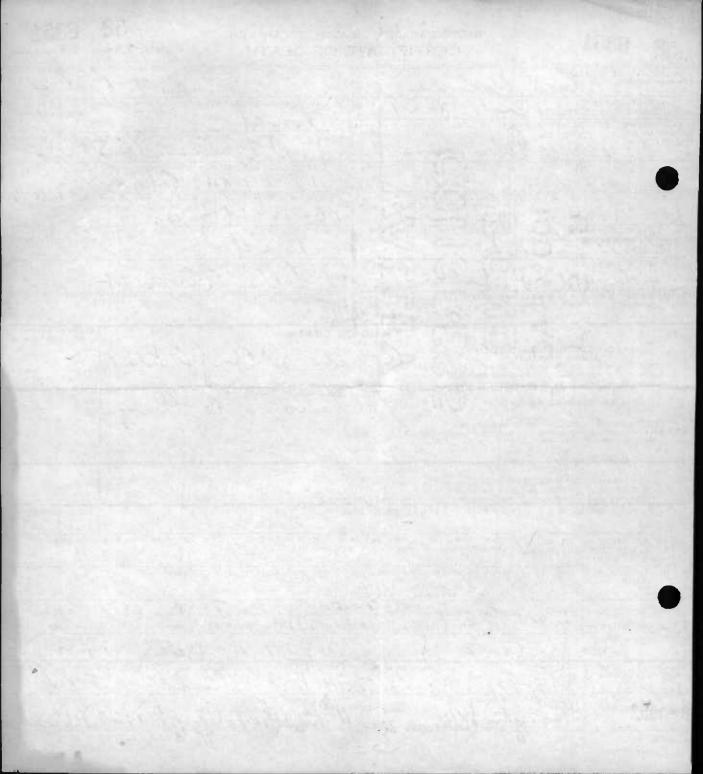
C. The serious and the serious of the serious serious

6350	BALTIMORE CITY HEALTH DEPARTMENT	02 635
0000	CERTIFICATE OF DEATH	Registered No.

1. 1							
(Ту	NAME OF DE pe or Print)	-	HILLIP	CLARK HA	MMOND	OF DEATH Jul	y 6, 1952
A. 1	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	
HO	ULL NAME C SPITAL OR STITUTION	3025 Win		on, give street address or location)		outside corporate limit	ts, write RURAL and give
-6			4501 11	Yrs.	D. STREET ADDRESS (If		1-09
-		ay in Baltimore		Mos. Days	1713 W. Lomb		
I	male	white	wid	, married, ed, divorced (Specify) owed	March 29,1873	last birthday) Mo	H Under 1 Year onths Days Hours Min.
10A work o	Conduc	CUPATION (Give kind of working life, even if retired) TOP	-	OF BUSINESS OR INDUSTRY O. R. R.	Baltimore, Ma:		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N				14. MOTHER'S MAIDEN NA		
		· Hammond			Mary Ann Edwa:	rds	
15. (Yes,	WAS DECEASED	EVER IN U. S. ARMEI	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
					Mrs. Mary V.	Scroggs, 3	207 Texas Av
	(This does heart failur injury or	E OR CONDITION LEADING TO DEA' not mean the mode of e, asthenia, etc. It mes complication which of	TH of dying, e. g. ons the disease	· · Hyp	of DEATH vertensive Cardi	- Vaxeulan De	ONSET AND DEATH
CATION	DISEASES RISE TO TH	OR CONDITIONS, III LE ABOVE CAUSE (A) ONG CONDITION LA	F ANY, GIVING	G (B)			
ERTIFICA	DISEASES RISE TO TH UNDERLYI OTHER SI TRIBUTING	OR CONDITIONS, IN	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATED	(C)		isl weathe	3
L CERTIFICA	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS	OR CONDITIONS, IN E ABOVE CAUSE (A) ING CONDITION LA IN INTERIOR CONDITION LA INTERIOR CONDITION TO THE DEATH, BUT SEASE OR CONDITION	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATED CAUSING IT	(C)	re Heat + Hum	isl weathe	20. AUTOPSY?
L CERTIFICA	DISEASES RISE TO TH UNDERLYI OTHER SI TRIBUTING TO THE DIS	OR CONDITIONS, ILLE ABOVE CAUSE (A) NG CONDITION LA ILLE CONDITION LA GRAFE OR CONDITION TO THE DEATH, BUT SEASE OR CONDITION TO OPERATION	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATED CAUSING IT 9B. MAJOR	GE DUE TO (C) FINDINGS OF OPER	re Heaf + Hum	.,0	YES NO
EDICAL CERTIFICA	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS 19A. DATE OF	OR CONDITIONS, ILE ABOVE CAUSE (A) ING CONDITION LA GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION FOPERATION INT WAS UNDER- CONTRIBUTING	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATEE CAUSING IT 9B. MAJOR	C) Leve	RATION 10 21c. WHERE DID (1	is weather	YES NO
MEDICAL CERTIFICA	OTHER SITERIBUTING TO THE DISC. 21A. ACCIDE LYING OR CAUSE OF DECAUSE OF DEC	OR CONDITIONS, ILE ABOVE CAUSE (A) ING CONDITION LA GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION FOPERATION INT WAS UNDER- CONTRIBUTING	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR	FINDINGS OF OPER CE OF INJURY (e.g., irm, factory, atreet, office bldg.,	RATION 10 21C. WHERE DID (I INJURY OCCUR? ED 21F. HOW DID INJURY	f in Baltimore City,	YES NO
MEDICAL CERTIFICA	OTHER SITE TO THE DISTANCE OF THE DISTANCE OF CAUSE OF CA	OR CONDITIONS, ILE ABOVE CAUSE (A) ING CONDITION LA BEASE OR CONDITION FOPERATION INT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year)	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR	FINDINGS OF OPER TO STREET STR	RATION a or 21c. WHERE DID (I INJURY OCCUR? ED 21f. HOW DID INJURY	f in Baltimore City,	YES NO give exact location)
MEDICAL CERTIFICA	OTHER SITE TO THE DISTANCE OF DESCRIPTION OF THE DISTANCE OF THE DI	OR CONDITIONS, ILE ABOVE CAUSE (A) NG CONDITION LA CONDITION LA CONDITION TO THE DEATH, BUT SEASE OR CONDITION TO OPERATION 1 ENT WAS UNDERCONTRIBUTING DEATH Month) (Day) (Year)	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR 21B. PLA about home, fa	FINDINGS OF OPER CE OF INJURY (c. g., it is in the content of the	RATION a or 21c. WHERE DID (I loud) INJURY OCCUR? ED 21f. HOW DID INJURY Feb., 1977 to	f in Baltimore City, OCCUR?	give exact location) 2 that I last saw the
MEDICAL CERTIFICA	OTHER SITE TO THE DISTANCE OF THE DISTANCE OF CAUSE OF CA	OR CONDITIONS, ILE ABOVE CAUSE (A) ING CONDITION LA II GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO PERATION INT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year) In certify that I att The on The service of the servi	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR 21B. PLA about home, fa	FINDINGS OF OPER CE OF INJURY (e. g., irm, factory, street, office bldg., the lind work work work of the lind work of the li	RATION a or 21c. WHERE DID (I loud) INJURY OCCUR? ED 21f. HOW DID INJURY Feb., 1977 to	f in Baltimore City, OCCUR?	YES NO give exact location)
MEDICAL CERTIFICA	OTHER SITTEMUTING OF INJURY 21A. ACCIDE LYING OR CAUSE OF DE INJURY 22. I hereby deceased alia 23A. SIGNATION, BURIAL, C. I. REMOVAL (Sp.	OR CONDITIONS, ILLE ABOVE CAUSE (A) ING CONDITION LA GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH BUT TO THE DEATH ON TO THE DEATH ON TO THE DEATH ON TO THE DEATH OF CONTRIBUTING DEATH ON THE DEATH OF CERTIFY THAT I ATT OF CERTIFY THAT OF CERTIFY THAT I ATT OF CERTIFY THAT I ATT OF CERTIFY THAT OF	TIONS CON NOT RELATEL CAUSING IT 9B. MAJOR 21B. PLA about home, fa (Hour) 2 m. we dended the control of the	FINDINGS OF OPER CE OF INJURY (e. g., irm, factory, street, office bldg., thille at at work deceased from and that death occur, and that death occur, and that death occur, and that of cements.	PL Heaf y Human RATION an or 21c. WHERE DID (Injury occur? ED 21f. HOW DID INJURY Feb., 19 7 to rred at 5 m., from from from from from from from from	f in Baltimore City, OCCUR? July 5, 195 the causes and on the causes and on the causes and control (City, town)	give exact location) 2 that I last saw the the date stated above. 23c. DATE SIGNED 752 1, or county) (State)
MEDICAL CERTIFICA	OTHER SITE TO THE UNDERLY! OTHER SITE TO THE DISTRIBUTING TO THE DISTRIBUTING TO THE DISTRIBUTION OF THE	OR CONDITIONS, ILE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION TO THE DEATH, BUT SEASE OR CONDITION TO OPERATION 1 ENT WAS UNDERCONTRIBUTING DEATH Month) (Day) (Year) TO CETTIFY that I att we on July 1 TO CETTIFY THAT I ATT WE ON THE CONTRIBUTION TO T	TIONS CON NOT RELATEL CAUSING IT 9B. MAJOR 2 1B. PLA about home, fa (Hour) 2 m. w cended the con the control of the contro	FINDINGS OF OPER CE OF INJURY (e.g., irm, factory, street, office bldg., thille at	PL Heaf y Human RATION an or 21c. WHERE DID (Injury occur? ED 21f. HOW DID INJURY Feb., 19 7 to rred at 5 m., from from from from from from from from	f in Baltimore City, OCCUR? July 5, 195 The causes and on the causes of the second	give exact location) 2 that I last saw the the date stated above. 23c. DATE SIGNED 752 1, or county) (State)
MEDICAL CERTIFICA	DISEASES RISE TO TH UNDERLYI OTHER SITTEBUTING TO THE DIS 19A. DATE OF 21A. ACCIDE LYING OR CAUSE OF D 21D. TIME (I) F INJURY 22. I hereby deceased ali 23A. SIGNATI A. BURIAL, CI REMOVAL (Sp BURIAL, CI REMOVAL (Sp	OR CONDITIONS, ILE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION TO THE DEATH, BUT SEASE OR CONDITION TO OPERATION 1 ENT WAS UNDERCONTRIBUTING DEATH Month) (Day) (Year) TO CETTIFY that I att we on July 1 TO CETTIFY THAT I ATT WE ON THE CONTRIBUTION TO T	TIONS CON NOT RELATEL CAUSING IT 9B. MAJOR 2 1B. PLA about home, far well about home, far we	FINDINGS OF OPER CE OF INJURY (e.g., irm, factory, street, office bldg., thille at	Per Heaf y Human Aration a or 21c. Where DID (Injury occur? ED 21f. HOW DID INJURY To rred at 5 m., from from from Sandares San	f in Baltimore City, OCCUR? July 5, 195 The causes and on the causes and on the causes and the causes are caused as a cause of the causes and the causes are caused as a cause of the causes and the causes are caused as a cause of the caus	give exact location) 22 that I last saw the he date stated above. 23c. DATE SIGNED 7,52 1, or county) (State) Mary land

Dr. Goldman 206 S. Gilmor Ave.

ALUCE S ALMER BALTIMORE CITY HEALTH DEPARTMENT 6351 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED/ 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. o. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 24 Hours MIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. were 10A. USUAL OCCUPATION (Givekindof) 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork depaduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Oseanti can 13. FATHER'S NAME Shop? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITA INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY of the left Bear LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 1952to 7 - B 9-22 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 7 - 4 195' 2, and that death occurred at 3.75'Pm., from the causes and on the date stated above. 23c. DATE SIGNED BURIAL, CREMA-24B DATE 24C, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify, VS 150



Baltimore City Hospital

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

DUE TO

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

(C)

SECURITY NO.

108. KIND OF BUSINESS OR

52	6352
Registered No.	
2. DATE OF DEATH July 7 (Where deceased lived, If instite B. COUNTY	1952 itution: residence before admission)
If outside corporate limits, wr	rite RURAL and give
If rural, give location)	1
Street	
9. AGE (In years It Under last birthday) Months	l Year Under 24 Hours Days Hours Min.
foreign country) 12.	CITIZEN OF WHAT COUNTRY
NAME	
e 938 n. Wo	the St
	INTERVAL BETWEEN
100	
ies	
	YES NO
(If in Baltimore City, give	exact location)
d Golden Ring Ro	ad
struck by automo	bile
ection & inquiry, Inspection or Inquiry deceased died on the de [, homicide [, under	tereon and from lay stated above termined .
EXAMINER	7/52
LOCATION (City, town, or c	ounty) (State)

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING LI CAUSE OF DEATH. highway 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT 52 2:30 A. WORK

NOT WHILE

Pedestrian

Route 40 and

21F. HOW DID INJU

21c. WHERE DID

INJURY OCCUR?

Maryland

Baltimore

938 N. Wolfe

ER'S MAIDEN

D. STREET ADDRESS

8. DATE OF BIRTH

C. CITY OR TOWN

location)

Yrs.

Mos.

INDUSTRY

Days

CAUSE OF DEATH

(A) Multiple Extreme Injur

 \blacksquare 2. I certify that I took charge of the remains described above, held an

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said and death in my opinion resulted from: natural causes [], accident [4, suicio 23B, CHIEF MEDICAL

23A. SIGNATURE ASSISTANT MEDICA MEDICAL INVESTIG 24A. BURIAL, CREMA-24c, NAME OF CEMETERY

DATE RECEIVED BY LOCAL REGISTRAR

TION, REMOVAL (Specify)

B. FULL NAME OF HOSPITAL OR

gth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work one during most of working life, even if retired)

bowe

(Yes, no or unknown)

6. COLOR OR RACE

Colored

15. WAS DECEASED EVER N U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

п OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

INSTITUTION

Male

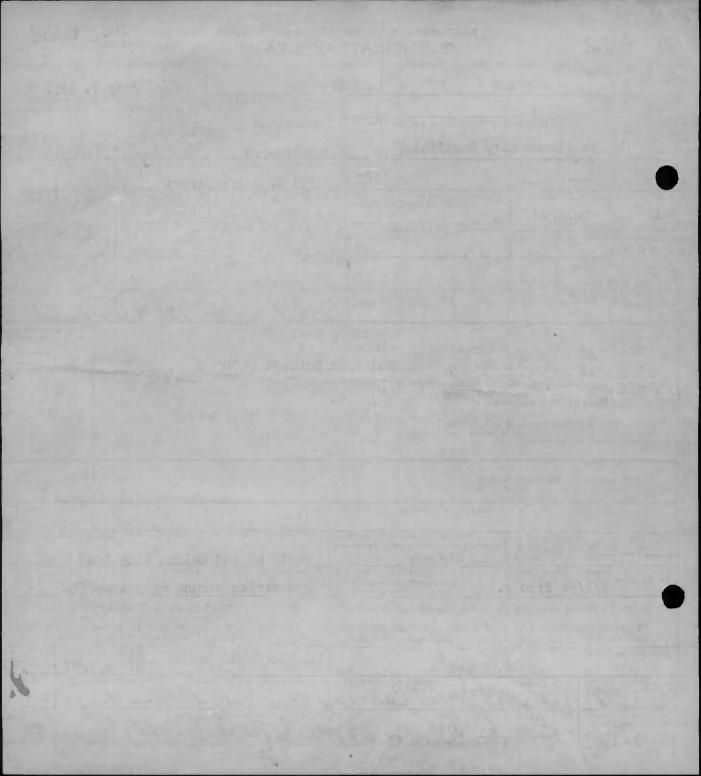
30

ERTIFICATION

Ü

DICAL

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52 6353 BIRTH NO.
1. NAME OF DECEASED (Type or Print) CARL
3. PLACE OF DEATH:

CERTIFICATION

MEDICAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

STENGLER

Registered No.

2. DATE

OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MARYLAND						
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
BON SECOURS HOSPITAL	BALTIMORE 20-03 WHISTIP						
Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore	287 S. PULASKI ST.						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Veer lift Under 24 Hours last birthday) Months: Days Hours Min.						
M W MARRIED	6/7/99 53 ~						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF						
work done during most of working life, even if retired) AMERICAN NOUSTRY	MARYLAND WHAT COUNTRY						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
JOHN P. STENGLER Balling	COFRAN JAAF						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
212-03-9695	WIFE SAME						
18. 430.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	ONDE! AND DEATH						
(This does not mean the mode of dying, e.g.,	TE BACTERIAL ENDICARDITIS / month						
heart failure, asthonia, etc. It means the discase,							
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
(c)							
<u>U</u>							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CIRRHOSIS OF LIVER						
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER							
138, DATE OF OPERATION () 138, MAJOR FINDINGS OF OPERATION							
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give or							
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,							
E CAUSE OF BEATH	SD AND HOW DID IN HUBY OCCUPA						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE MORK AT WORK							
22. I hereby certify that I attended the deceased from	ne 7 , 1953, to July 4 , 1953, that I last saw th						
	red at 7:05 p.m., from the causes and on the date stated above						
	38. ADDRESS 23c. DATE SIGNED						
William a. Tresburgo	Bon Decomo Hooff 4 hely 195-						
24A. BURIAL, CREMA- 246. DATE 24C. NAME CEMETE	RY OR CREMATORY 24D. LOCATION (City, town or county) (State)						
TION REMOVAL (Specify)	1 Latting						
Lucia Tura 1.1/0 VISIII							
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25 PONERAL DIRECTOR ADDRESS						
DATE RECEIVED BY REGISTEAR'S SIGNATURE	252 PONERAL, DIRECTOR ADDRESS						
	Treet & Sell1913 W, Batts J.						
	25 PONERAL DIRECTOR ADDRESS A						
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A CONTRACTOR OF THE PARTY OF TH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6354

Registered No. BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) July 6, 1952 Sarah Allen OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 529 W. Mulberry St Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. agth of stay in Baltimore 529 W. Mulberry St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Dec. 2.1891 Female Colored Widow 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Alabama U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Pratt Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, oo or nokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Ocie Allen 529 W. Mulberry St CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY andio renal vascular cliseare LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from & - 5 -_, 19,21, to_ lo - , 1922 that I last saw the deceased alive on 7 - 5 - , 1932 and that death occurred at 550 m., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED arull. 24A. BURIAN, CREMA-TION, REMOVA (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 7-9-52 Mt. Auburn Cem Burial

DATE RECEIVED BY LOCAL REGISTRAR

RIGISTRAR'S SIGNATURE

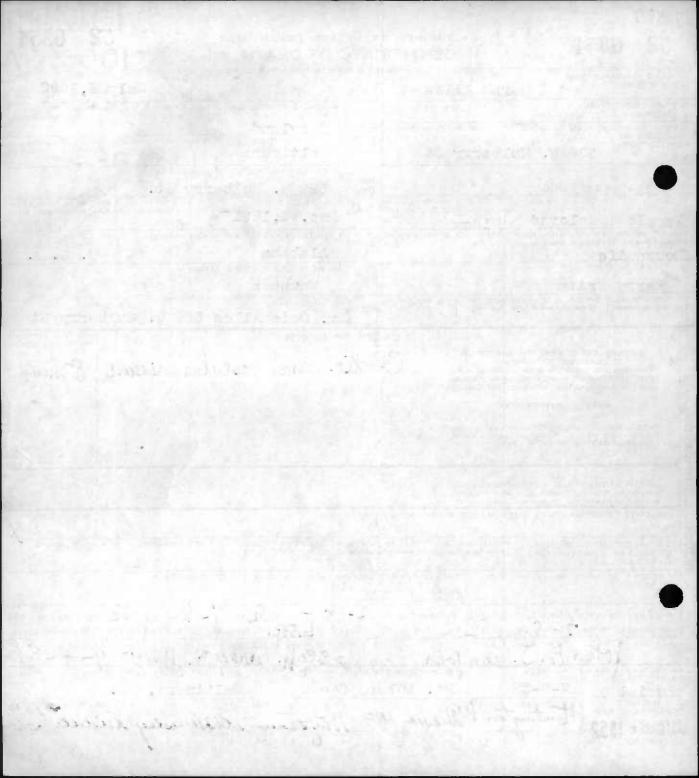
Baltimore, Md. 25. FUNERAL DIRECTOR

ADDRESS 🍝

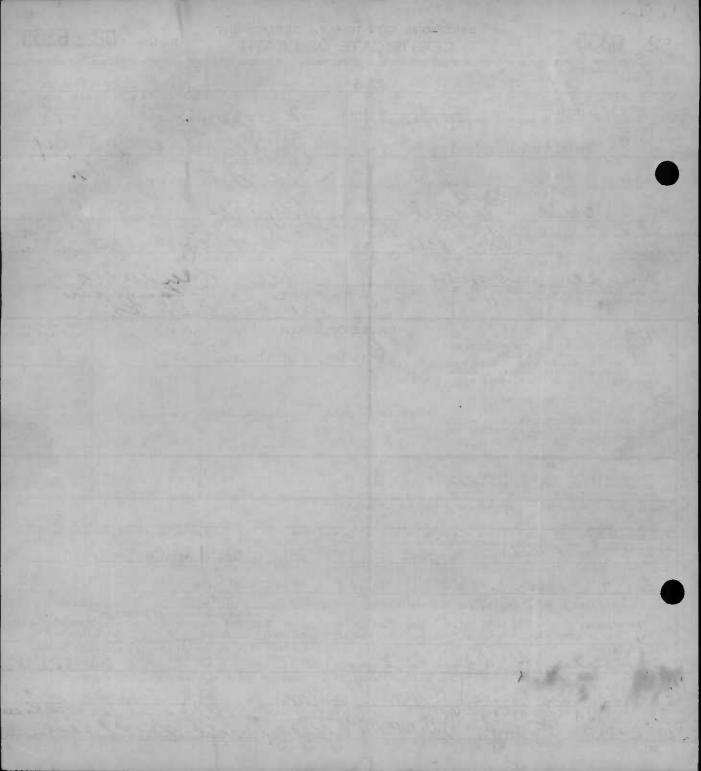
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ERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.2 6355 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH EDGAR ROGERS July 4, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: BOUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give Provident Hospital Yrs. Mos. igth of stay in Baltimore MARRIED. 6. COLOR OR RACE Months: Days Hours: Min. AGE (In years If Under 24 Hours last birthday) Colored Male 10A. USUAL OCCUPATION (Givekindof BUSINESS OR 12. CITIZEN OF during most of working life, even if retired) INDUSTRY WHAT COLH 15. WAS DECEASED EVER IN U. S. ARMED FO. 16. SOCIAL (Yee, no or unknown) (If yes, give war or dates of se SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of abdomen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 2513 W. North Avenue Pavement 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED of injury NOT WHILE X Sharp instrument 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B DATE Laces. Mis LOCAL REGISTRAR V S 151



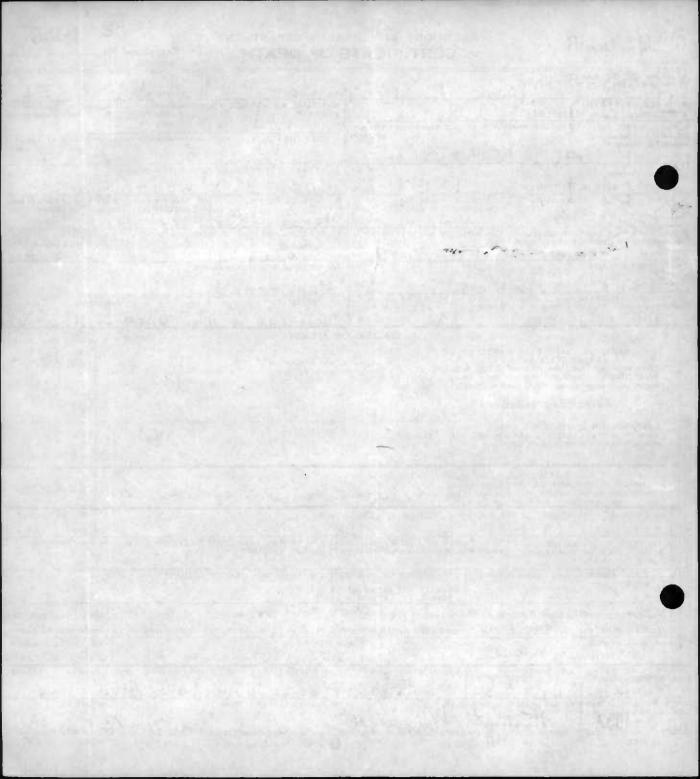
- WIONISKI BALTIMORE CITY HEALTH DEPARTMENT 6356 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH \ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (ownship) Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore OOG Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year If Under 24 Hours Iast birthday) Months: Days Hours: Min. WIDDWED, DIVORCED (Specify) WIDOWA 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rank Marrahna 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SDCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF 122.2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY SENILITY LEADING TO DEATH 5 YRS X (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-5 XPS. TRIBUTING TO THE DEATH, BUT NOT RELATED YOCARDIAL DEGENERATION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 2 Ic. WHERE DID 218. PLACE DF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from Dec. 25 1948 to July 19 that I last saw the deceased alive on June 9, 1952 and that death occurred at 5: [m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A, BURIAL, CREMA-TION, BEMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

Dund DATE RECEIVED BY REGIST

25 FUNERAL DIRECTOR 1111 8 - 1952

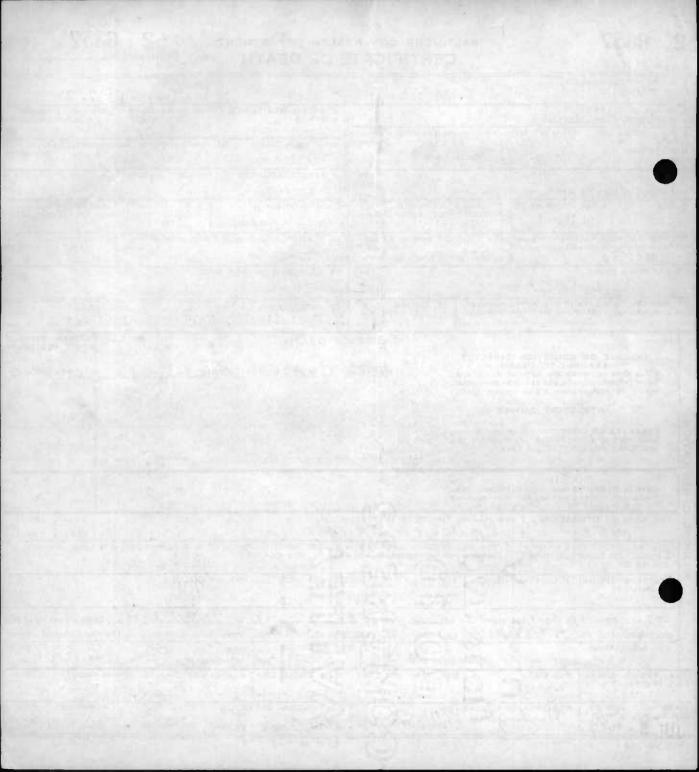


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BIRTH	NO.	1	

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35	, 009			CERTIFICATI	E OF DEATH	0.4	red No
	RTH NO.			CERTIFICATI	E OF DEATH	200	
1. NAME OF DECEASED (Type or Print) Frieda E. Lincke						2. DATE OF DEATH	July 7, 1952
	PLACE OF D Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE		ed, If institution: residence
HC	FULL NAME SSPITAL OR STITUTION	OF (If not in hospital 2705 Orles		ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate	e limits, write RURAL and giv township
Yrs. Mos. Days					D. STREET ADDRESS 2705 Orleans	(If rural, give location Street	on)
f	emale	6.COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify) Pri ed	B. DATE OF BIRTH July 1, 1893	59	rs If Under 1 Year If Under 24 Hours Months Days Hours Min
		CUPATION (Give kind of of working life, even if retired)	OWN	o of Business or INDUSTRY	11. BIRTHPLACE (State Germany	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN	NAME	
		Louis Klages	3		Henny	?	
15 (Yes	. WAS DECEASE , no or nnknown)	D EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT A. Paul Lincke	, 2705 Orlea	ADDRESS ans Street
ERTIFICATION	Injury or DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING	re, asthenia, etc. It mea complication which e ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)(C)(C)(C)(C)(C)(C)(C)			
O		F OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
A	19	50		ICER-BRE			YES NO
MEDICAL		ENT WAS UNDER. R CONTRIBUTING		ACE OF INJURY (e. g., is arm,factory,street,office bldg.,e		(If in Baltimore C	City, give exact Iocation)
	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJ	URY OCCUR?	
	22. I hereb deceased al	live on 7/7/52	ended the		red at 5.15 Am., from 3B. ADDRESS		19, that I last saw th on the date stated above
TIC		D BY REC TRAN	S SILNATURATION	M. D. M. D. Natio	nal Cemeter 25. FUNERAL DIRECTO		
	VS 150		4 67	Beyon, Series	0		



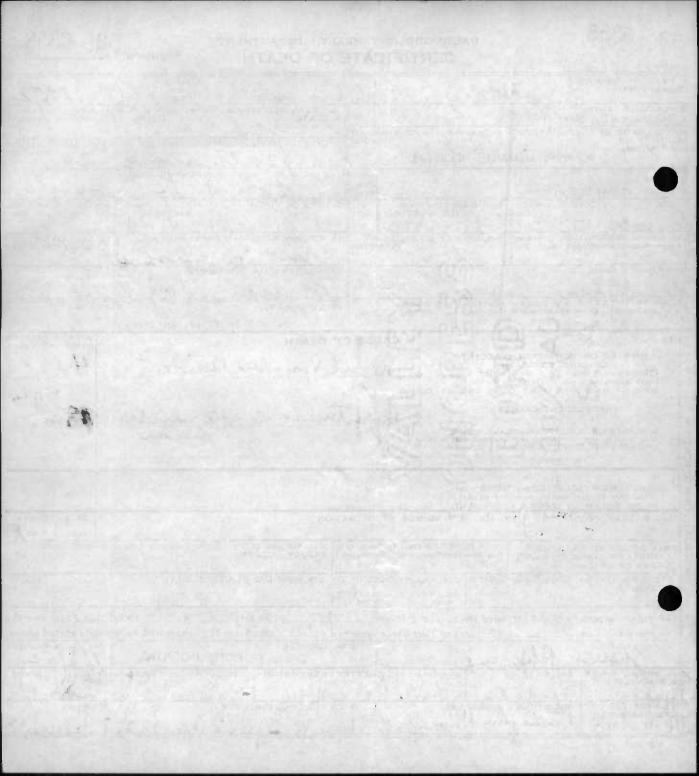
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BALTIMORE CITY HEALTH DEPARTMENT

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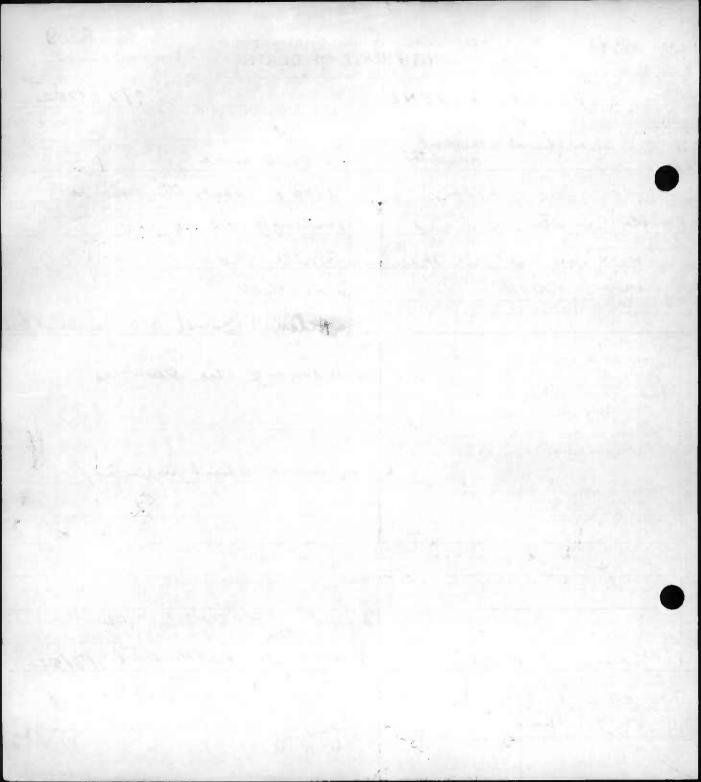
DIDTH NO	CERTIFICATI	E OF DEATH	Registered N	0
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	4 Epther	annis	2. DATE OF DEATH	6,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	12 3	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If i	nstitution : residence before admission
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR	tion, give street address or location)	ma		
INSTITUTION		C. CITY OR TOWN	(If outside corporate limits	, write RURAL and giv
JOHNS HOPKINS HOSPITAL		Bal	umore	24 600
Yrs. Mos. Days		D. STREET ADDRESS	(If rural, give ocation)	and Gu
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		8. DATE OF BIRTH	9, AGE (In years)	Under 1 Year If Under 24 Hous
energe While M	eale While Married		7 45 44	Under 1 Year If Under 24 Hours hths Days Hours Min
OA. USUAL OCCUPATION (Give kind of retired) OB. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
arthur love		Makel	Idogolo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	AI	DRESS
(1. yes, gave war of dates of service)	SECURITY NO.	JOHNS H	ODVING SA	
18. 1L1L3X	CAUCE		OPKINS HOSPITAL	INTERVAL BETWEE
7700	CAUSE	OF DEATH		ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.1	0 11. 0.	C. O. +	12.1
(This does not mean the mode of dving, e.	g., (A) Greve	ul Vosculor	austen	70
heart failure, asthenia, etc. It means the diseas injury or complication which caused death	se, n.) DUE TO			· ·
	AND ASSESSMENT OF THE PARTY OF			8 yro,
ANTECEDENT CAUSES	Headra	Tensione Coa	linner lan	
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	Tensine Can	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
RISE TO THE ABOVE CAUSE (A) STATING TH	HE DUE TO		Museum	
UNDERLYING CONDITION LAST.	(C)	***************************************	***************************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE				150400000000
TO THE DISEASE OR CONDITION CAUSING I				
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	ACE OF INJURY (e. g., l	or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
LYING OR CONTRIBUTING about home,	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
	21E, INJURY OCCURR	ED 21F, HOW DID INJ	IBY OCCUP?	
INJURY			JRT OCCURT	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the	deceased from 7 -	3- 195240	7-6- 1952	that I last saw th
	and that death occur	A man of the contract of the c	n the causes and on th	
23A. SIGNATURE A 11		3B. ADDRESS	n the educes and on th	23C DATE SIGNED
Thorn on Relate to a			INS HOSPITAL	7/1/51
24A, BURMAL, CREMA- 24B, DATE	M. D.	RY OF CREMATORY 240		or county) (State)
ZAA. BUMAL, CREMA 24B. DATE	M M	No Marian San	Marion Colors Silling	P M M
Durial 17-9.52	Tall allal	V. VIlma	rederich VId	Watto.
DATE RECEIVED BY REGISTRAR'S SIGNATI	J. P.E.	25 FUNERAL DIRECTO	0 1	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GRUENE HELEN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NOTITUTION MORYLAND GENERAL location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Ballimare D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1800 E. Lofanette Are; #13 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Fernale married January 10, 1874 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if getired) WHAT COUNTR Karl (13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME below sollacke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from. _, 19.52that I last saw the 1952 and that death occurred dt deceased alive on 7 on., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED Calule 24A, BURIAL, CREMA-24B, DATE TION_REMOVAL (Specify) ADDRESS

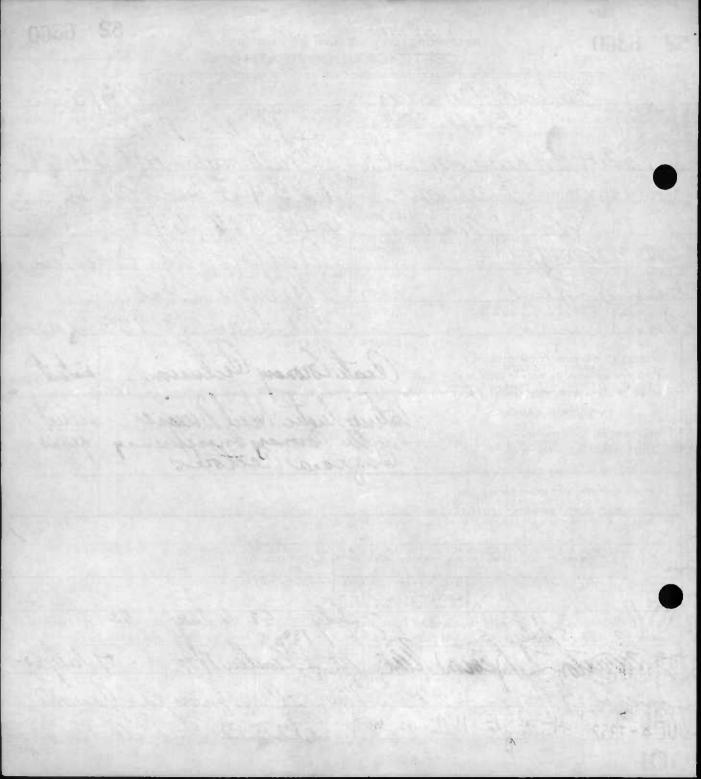


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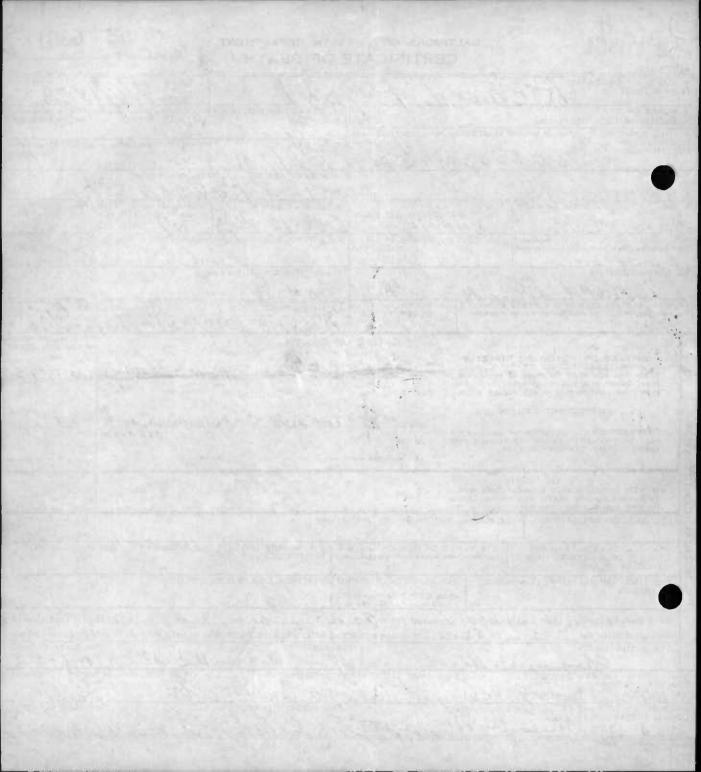
SALTIMORE CITY HEALTH DEPARTMENT

52 6360

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) (If outside corporate limits, write RURAL and give INSTITUTION (If mural, give location) ET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX NGLE, MARRIED AGE (In years | If Under 1 Year | If Under 24 Hours last birth day) | Months | Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work dops daying most of working life, even if setired) 10B. KIND OF BUSINESS OR ACE (State or foreign country 12. CITIZEN OF INDUSTRY usewel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, pd/m/upknewn) (If yes, give war or dates of service) 16. SOCIAL (Yes, po mr/unknown) SECURITY NO. NTERVAL BETWE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B, PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK 19 that I last saw the 22. I hereby certify that I aftended the deceased from July 1952 and that douth occurred from the carses and on the date stated above. 23c. DATE SIGNED TION REMOVAL (Specify LOCATION (City, town, or county) REGISTRAR'S SIGNATURE ADDRESS



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	52 6361		EALTH DEPARTMENT	52 Registered No.	6361
В	IRTH NO.	CERTIFICAT	E OF DEATH	registered 140.	
	NAME OF DECEASED Pic	hard Bri	IDNT	2. DATE OF 7/6/	1959
	PLACE OF DEATH: Baltimore City, Maryland	/	4. USUAL RESIDENCE (W		titution: residence before admission)
B. H	FULL NAME OF (If not in hospital OSPITAL OR	or institution, give street address or location)		outside corporate limits,	unite DUDAT and sine
	STITUTION 5/8NP	ayson St.	Balto.	2. 6	township)
c.	Length of stay in Baltimore	Yrs. Mos. Days	5/8 N. Pa	rural, give location)	74
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years little last birthday) Mont	der 1 Year If Under 24 Hours has Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of	108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 1:	2. CITIZEN OF
ror	k done during recet of working life, even if retired)	Sen		v.c.	WHAT COUNTRY
13	Sichard Bal	lant Sr.	14. MOTHER'S MAIDEN NA	NE NE	
Ye	S. WAS DECEASED EVER IN U. S. ARMER I	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	∠ ADD	RESS 618N.
-,	No		MUNNIE PY	VaNI Pa	VSON SX
	18. 443X		OF DEATH		ONSET AND DEATH
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	heart failure, asthenia, etc. It means injury or complication which can	s the disease,		-6.8.1	
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Z	DISEASES OR CONDITIONS, IF	ANY GIVING	TENSIVE CARD	10 VASCULAR	?
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Ë	OTHER SIGNIFICANT CONDITI	IONS con			
ER.	TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION OF	OT RELATED			
1		B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
SA					YES NO
1EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, giv	e exact location)
2	21D. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
1		m. WHILE AT NOT WHILE			
	22. I hereby certify that I atter				
	deceased alive on 7 - 5,	19 52 and that death occu			
	The state of the	. Marin M.D.	1824 W. Fran	11. 11	7-6-52
2.	4A. BURIAL, CREMA- 24B. DATE	240 NAME OF CEMETE	RY OR CREMATORY 240 L	OCATION (City, town, or	country (State)
70	sured July 4.1	962 01N WW	um un cou	Wo.	81/1011
D					
L	ATE RECEIVED BY REGISTRAR'S	SIGNATURE	26 FUNERAL DIRECTOR	1/1/1. On	DDRESS 332
L	ocal registration of the street	ton Williams, M.	Miss Jakes A	Ullian n	LANGEN 32
L	VS 150	1- 11/11. 1450	G G	Milliam D	LACINGAL SE



Items, #8,9,13, AMENDED PER COURT ORDER, FilmG785 7/21/QQ kam BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROSARIO GALEANO DEATH JULY 5 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland BALTO. Md. B. COUNTY before admission) E? BALTO. ST. BALTO. Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2512 E. BALTO. ST. BALTO. Md. D. STREET ADDRESS (If rural, give location) Yra. Mos. c. Length of stay in Baltimore 2512 E. BALTO. ST. Days 5. SEX 8. DATE 95. BIRTH 1875 | 9. AGE (In years lift Under 1 Year Mounts Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MALE MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY STEEL CONSTRUCTION RIPOSTO ITALY 13. FATHER'S NAME WIT /LEA 14. MOTHER'S MAIDEN NAME PERDINANDO GALEANO ROSARIA MARINO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) 4-18-0769 NO DANNY GALEANO 159 N. DECKER AVE? NTERVAL BETWEEN 42011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! AT WORK 1950 to . 19 that I last saw the 22. I hereby certify that I attended the deceased from Jaw mly 4, 19 1 V, and that death occurred at 1 20 deceased alive on Am., from the causes and on the date stated above. 23c. DATE, SIGNED 23A, SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE BURIAL REMOVAL (Specify) 1952 HOLY REDEEMER BELAIR RD. & MORAVIA AVE. BALTO DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR S. HIGH ST.

VS 150

The state of the s . The response of the contract . COLOR AVA ISTORATION . INC. LOR ROTA . R. LEGG ST.

52	6363

52 6	363	BALTIMORE CITY HE CERTIFICATE		Registered No	6363
1. NAME OF D (Type or Print)	ECEASED	ANNIE DALTON HEALY		of July	6, 1952
Baltimore	EATH: City, Maryland		4. USUAL RESIDENCE (W		stitution: residence before admission
FULL NAME		al or institution, give street address or location)	Md.		
NSTITUTION	Ashburton N	Nursing Home		outside corporate limits,	write RURAL and giv township
		Yrs.	Baltimore D. STREET ADDRESS (If r	rural, give location)	Quit B
	tay in Baltimore	Mos. Days	Hilton Court Ap	ts.	The state of
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Il Un last birthday) Mont	der I Year If Under 24 Hour hs: Days Hours: Min
female	white	widowed	Dec. 8, 1867	84	
ork done during most of	CUPATION (Give kind of of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1;	2. CITIZEN OF WHAT COUNTRY
housew 3. FATHER'S N		at home	Ireland 14. MOTHER'S MAIDEN NA	ME	
	35 St. Mar 1		Mary Welch	IVIE	
5. WAS DECEASE	Dalton ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADE	DRESS
(es, no or naknowa)	(If yes, give war or dates	of service) SECURITY NO.	Miss Marie Heal		
18. 334	- X		OF DEATH		INTERVAL BETWEE
DISEAS	E OR CONDITION	DIRECTLY	1 1	.1.	ONSET AND DEAT
heart failu	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which c	f dying, e. g., ns the disease,	elal lege.		3 40
	ANTECEDENT CAUS	ES 4	0		
DISEASES	OR CONDITIONS, IF	ANY, GIVING	herosolere		10 40
RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO			
		(C)	***************************************		
OTHER C	II CONDU				
TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			
		9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
		CONTRACTOR OF THE CONTRACTOR			YES NO
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	i or 21c, WHERE DID (II to.) INJURY OCCUR?	f in Baltimore City, give	e exact location)
21D. TIME ((Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE		0 -	
22. I hereb	y cercify that I att	ended the deceased from	(, 19,4 7 to	5 , 1952	that I last saw th
deceased al	live on 5	, 1952 and that death ofcur		ie causes and on the	date stated above
23A. GIGNAT	TURE	2 () () () 2	38. ADDRESS	= RI 0	23c. DATE SIGNED
24A. BURIAL CO	REMA- 248. DATE	V 24C. NAME OF CEMETER		CATION (City, town, or	county)/ (State)
Rurial	7/9/52	New Cathedral	Cem. Balt	o., Md.	,
OCAL REGIST	D BY REGISTRAR'S	S SIGNATURE	25 TUNERAL DIRECTOR	1 14 6	DDRESS
JUL 8 - 15	152 Tunling	Williams, MF?	6 3 16 Cat	to 17, 1	nd

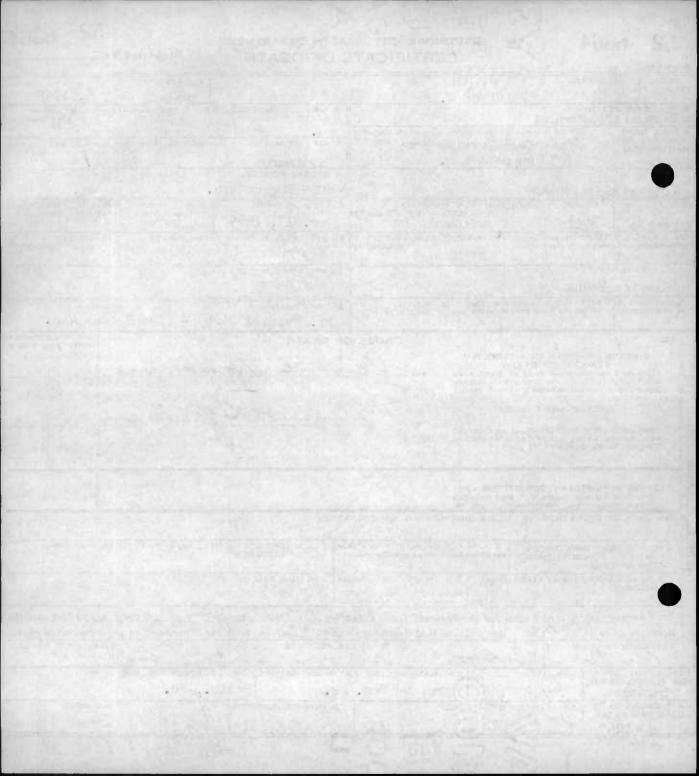
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BALTIMORE CITY HEALTH DEPARTMENT

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dictored	No	A.

CERTIFICATE OF DEATH Registered No BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 6, 1952 FLORENCE M. KIRBY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR (If outside corporate limits, write RURAL and give Pine Ridge Nursing Home C. CITY OR TOWN INSTITUTION 4703 Hampnett Ave. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Moa 5009 Eugene Ave. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Dec. 19, 1885 widowed female white 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Marx Charles Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Russell Kirby - 5009 Eugene Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from hue 14, 19 7 to that I last saw the 19 and that death occurred at 4 2m., from the duses and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Balto., Md. Moreland Mem. Pk. Burial DATE RECEIVED BY 25-FUNERAL DIRECTOR ADDRESS



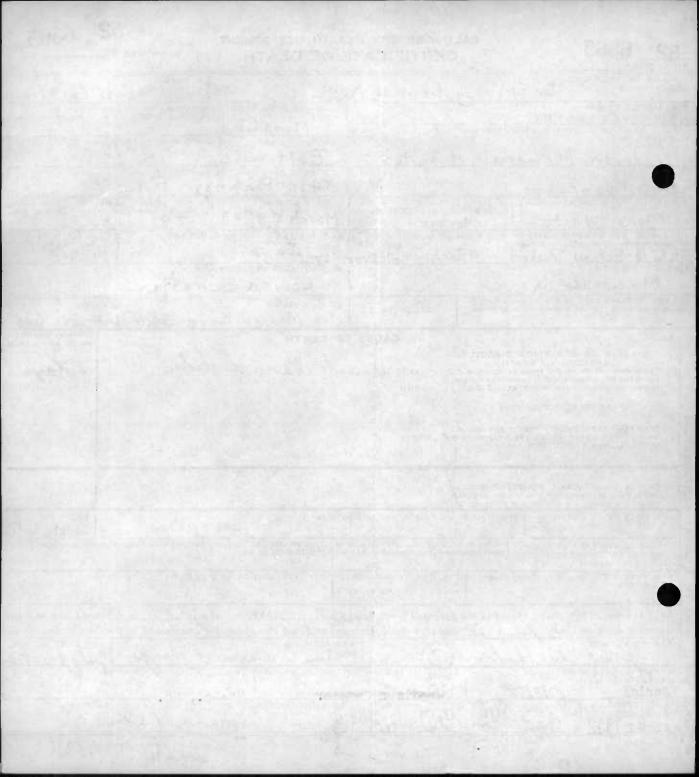
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52	6365
BIRTH NO.	0000

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6365
ictored No	-00

Registered No.-

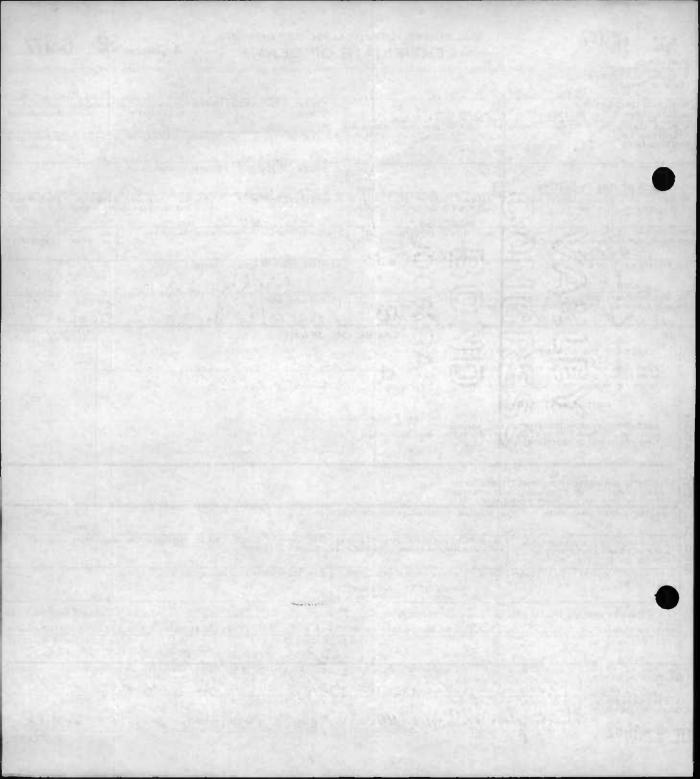
	RTIT IVO.						
1. (T	NAME OF Di	Dr. T	Percy	Lewis K	aye	2. DATE OF DEATH Jul	17,1952
	PLACE OF DI Baltimore C		(4. USUAL RESIDENCE (W	1	
B. HO	FULL NAME		al or institut	ion, give street address or location)	C. CITY OR TOWN (If	outside corporate limits,	write RUPAL and give
IN	STITUTION	on Memor	ial A	tospital	Baltimore	27-	2 (township)
1				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
-	Length of st	tay in Baltimore	7 SINCLE	Days	3410 Pinkn		No. 1 Very 1 W. 1 CA III
٥.	Male	White	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	March 8, 1873	9. AGE (In years 10 last birthday) Mont	der I Year hs Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, even if relired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1.	2. CITIZEN OF WHAT COUNTRY?
1	Retried S	chool Teacher	Te	aching-Univer			U.S.A.
13		Jesse Kan	0	S	Louis a Sa	N N	
1.5	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	I 16. SOCIAL	17. INFORMANT		DRESS
(Ye	s, no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Mrs. Marion Ka		1
	18. 432	Υ .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		6	ite Pericar	1.7.	ONSET AND BEATH
	heart failu	not mean the mode ore, asthenia, etc. It mean	f dying, e. s ns the diseas	e,	ule Pencara	avus	3 days.
		complication which c		.) DUE TO			
Z		ANTECEDENT CAUS	ES	(B)			
TIO	RISE TO TI	OR CONDITIONS, 19 HE ABOVE CAUSE (A)	STATING TH	IG		***************************************	****
CA.	UNDERLY	ING CONDITION LA	ST.	(C)		***************************************	
TIFI		11					
CERTIFICATION	TRIBUTING	IGNIFICANT CONDITO THE DEATH, BUT	NOT RELATE	D			
	The second second	F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
SAL		- 7					YES NO
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, giv	e exact location)
4	21b. TIME (Month) (Day) (Year)		21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby	u certifu that I att	m.	deceased from Jus	y 7 , 1952, to	July 7 1956	that I last saw the
	deceased al	11 ~	47.40		red at 8:00 Pm., from the		
	23A. SIGNAT	URE 1	11		3B. ADDRESS	1116	23c. PATE SIGNED
24	IA. BURIAL. C	REMA- 24B. DATE	nova	M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 1 240. LG	OCATION (City, town, o	coupy) (State)
TIC	A. BUMAL, CON, REMOVAL (S. Burial	7/0/52					
DA	ATE RECEIVED	D BY REGISTRAR	SIGNATU	Woodlawn Cem	25 FUNERAL DIRECTOR	0., Md.	ADDRESS
	JUL 8 - 1	352 Huntin	rator 1	Velliacus, Ma	Irono & och	nort you	0
	VS 150	NHO.	00.00	die 68 mg	0 1000	Bacto 17	md.



-	510				
E LE	52 6366 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No	6366
	NAME OF DECEASED (LO	uise) L'Campl		2. DATE July	5:15 a.m.
A	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF (If not in hospit	cal or institution, give street address or	4. USUAL RESIDENCE (WASTATE		stitution; residence before admission)
1	NSTITUTION Little States	location	c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and give township)
_	Length of stay in Baltimore	5 Yrs. Mos. Days	D. STREET ADDRESS (If r	10	00 Valley St
5	female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	March 4 1873	9. AGE (In years last birthday) Mont	hs Days Hours Min.
1	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) never employed	108. KIND OF USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	m n l	14. MOTHER'S MAIDEN NA	We do	
1 (Y	5. WAS DECEASED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Settle Listers:	of the loor	DRESS
FICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It meal injury or complication which of the complex of the	of dying, e.g., (A)	or Death onic Myoca eno Scle	rdelis	interval Between onset and Death i yeller
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT	NOT RELATED		=======================================	
٧	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA		21B. PLACE OF INJURY (e. g., in ebout home, ferm, factory, street, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, giv	re exact location)
	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI MHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I att deceased alive on July 5 23A. SIGNATURE	, 1932 and that death occur	7 1 1	uly 6, 1952; ac causes and on the	that I last saw the date stated above
2 T	AA. BURIAL CREMA- 24B. DATE ON, REMOVAL (Specify) Burial 7/9/52	24c. NAME OF CEMETE St. Mary's Ce		ens, Md.	(State)
	OCAL REGISTRAR REGISTRAR OCAL REGISTRAR Hunti	s signature.	25 FUNERAL DIRECTOR	6 3,10.	ADDRESS

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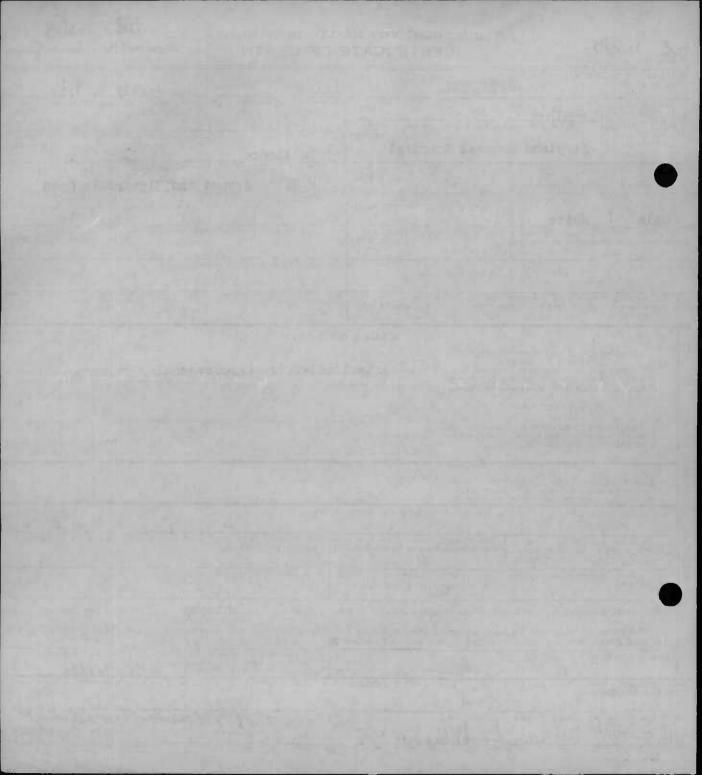
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52 6	367	BAI		EALTH DEPARTMEN	NT Registered	52 630	SH
BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	Now OO	3/
1. NAME OF DE	ECEASED				2. DATE		
(Type or Print)	Mrs. Cathe	erine S	elle		OF DEATH	July 8. 1	1952
3. PLACE OF DI				4. USUAL RESIDENCE A. STATE	(Where deceased lived, I	If institution: residence ad	
B. FULL NAME OF	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland	xlx9xlx		
INSTITUTION	St. Agnes I	Hospita		c. CITY OR TOWN	(If outside corporate lim		and give
4			V	Baltimore B. STREET ADDRESS	20	100	
	D. 141	20	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)		
5. SEX	tay in Baltimore	72	Days E. MARRIED.	8. 8577 Pulaney	Stog. AGE (In years	If Under 1 Year If Une	der 24 Hours
Female	White	WIDOW	red, DIVORCED (Specify)	0.22.79	last birthday)	Months Days Hou	
10A. USUAL OC	CUPATION (Give kind of f working life, eyen if retired)		OF BUSINESS OR	11. BIRTHPLACE (State	or foreigh country)	12. CITIZEN	
	SEWIFE	Vo	MESTIC	Manual and		WHAT CO	UNIKI
13. FATHER'S N	IAME			14. MOTHER S MAIDEN	NAME	U S A	
John	Pfarr			Unk	NWON		
15. WAS DECEASE	D EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	1
No	NONE		NONE NO.	John Selle	de 1515.	MORLEN	St
18. 44	3× 1		CAUSE	OF DEATH		INTERVAL/E	
DISEAS	E OR CONDITION			1 1 - 1			
(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e. s		rebal Vauc		dut	
injury or	complication which c	aused death	DUE TO LESS	ertinoire as	5. C. V. Q.	1000	
	ANTECEDENT CAUS	ES				C. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Z DISEASES	OD COMPITIONS		(B)	***************************************	***************************************	*********	
RISE TO TH	OR CONDITIONS, II	STATING TH				- 34 - 4 - 5	
ONDERLY	ING CONDITION LA	ST.	(C)				
	11						
	II IGNIFICANT CONDI						
	TO THE DEATH, BUT SEASE OR CONDITION					****	
	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUT	DPSY?
<u> </u>						YES	NO L
21A. ACCID	ENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., id arm, factory, street, office bldg., e		(If in Baltimore City,	give exact locati	ion)
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?		
OF INJURY			WHILE AT NOT WHILE				
22 / 1 1		m.	WORK L AT WORK L	7-7, 1952 to	7 7 10	57.1 . 71 .	
	y certify that I att					3.7that I last	
deceased al		, 19		red at 10 Am., from 3B. ADDRESS	m the causes and on		a above.
	Steoras	eld	M. D.	57 ames	Hospital	7-8-	
24A. BURIAL. C			24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, tow	n, or county)	(State)
TION, REMOVAL (S	, 7/1	-52	Loudon	HARK T	SALTIMAR	F M	/
DATE RECEIVED	BY REGISTRAR	SIGNATU		25. FUNERAL DIRECTO	OR .	ADDRESS	
LOCAL REGISTI	Hunting	ton Wil	Linua ME	Con 1 Se	Awah 2001	FREDERI	·V
UL 9 - 195	1	7	The same of the sa	0,000.000	2/0/	MEGERI	AUG
VS 130	4.		720	24			.00
			100	0 /7			



52 6368

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) NATHANIEL LAZARUS DEATH July 6, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in bospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland General Hospital township) Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. Madison Avenue and Cloverdale Road c. Length of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years | If Under | Year | II Under 24 Hours | Inst birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male White July 15.1888 larried 11. BIRTHPLACE (State or foreign country) 108 KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Baltinore, Id. Hutzler Bros. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Goldstein Harry 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Irs. Violet Lazarus Temple Garden 5-05-456 INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK autopsy thercon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 📕, accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) M. Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE JUL 9 - 1952

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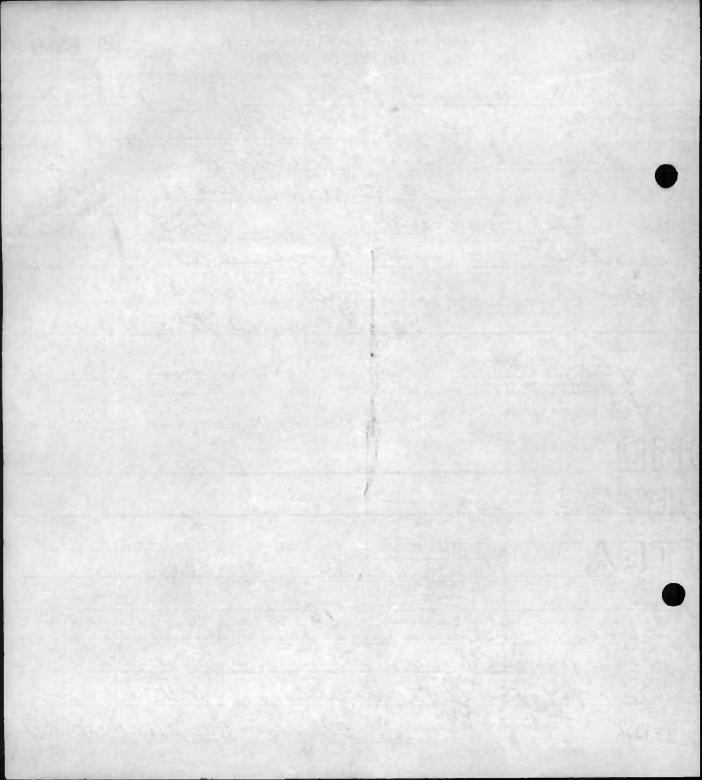
6369

1. NAME OF DECEASED (Type or Print)

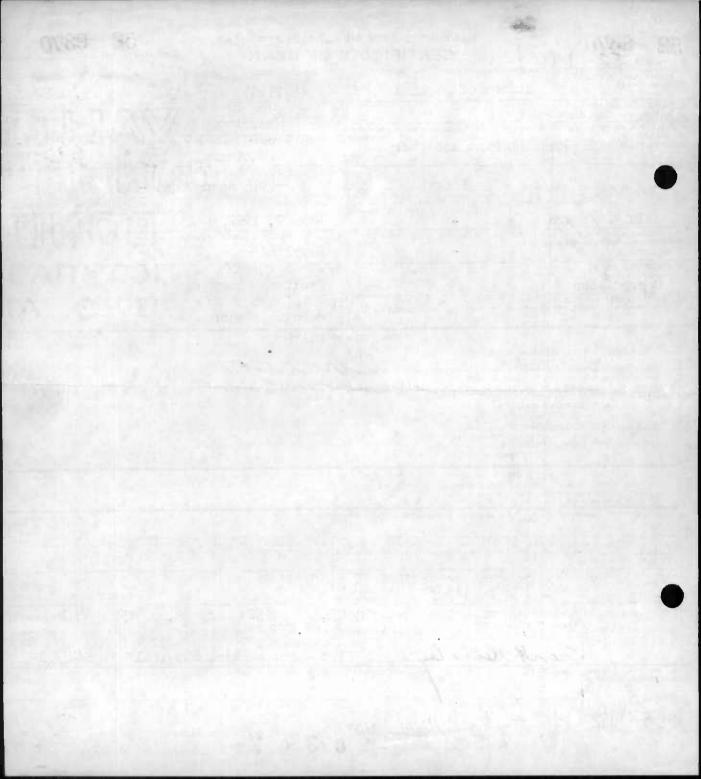
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6369

1	NAME OF D	ECEASE	ED A			-	1			12	DATE				
(T ₃	pe or Print)		My.	Isid	ore	Jwi					OF DEATH	7 -	-8-	52	
	PLACE OF D Baltimore (laryland					. USUAL	RESIDENCE	(Where	B. COL			n : reside: fore adm	
	FULL NAME	OF S	If not in hos	oital or institu	tion, give				110	-					
HC	SPITAL OR	+		4	0 -	location	D11) C	CITYOR	TOWN	(If outs	ide corpo	rate limits	, write R		
		a	eve	rda	le	2		Da	etu	up	re	ノト	5-1	3	nship)
1					ATTE	Yr	- 11	STREET	ADDRESS	(lf rura	l, give loc	ation)	1	10	
	Length of s					10 De		3616	00	eas	-4C		Cu	M)
5.	SEX	6.COL	OR OR RAC	E 7. SINGL	E, MARR	ORCED (Spec	ify) 8.	DATE OF	BIRTH	8.	AGE Un	years if	Under 1 Year nths: Day	s Hours	24 Heers Min.
M	race	W	hite	me	ver	eed		1		<u> </u>	05				
10	done during most	CUPAT of working	ON (Give kind	of 10B. KIN	D OF BU	ISINESS OR		BIRTHPI	LACE (State	or foreig	n country)	12. CIT WH.	ZEN OF	NTRY?
2	whe	ule					1	200	uai	uc					
13.	FATTAER'S N	NAME			C	wrow.	14	. MOTHE	R'S MAIDEN	NAME					
7	This	ر					1	ush	Ku	ou	ne	,			
15. Yes	, was DECEASI no or unknown)	ED EVER	IN U.S. ARN		16. SC	CURITY NO	U	MFORM	IANT	1 -	1.	AI	DORESS		
							K	celus	we XI	evel	KON) -	da	ues	2
1	18. 33	2 X				CAUS	E OF	DEATH		1 - 1111-123			INTE	RVAL BE	TWEEN
	DISEAS			DIRECTLY		P.			77.	- 1				1	D-A1111
	(This does	not me	NG TO DE	of dying, e.	g., ((A) (e)	reo	rel	Mes	ul	-20	-	7	da	40
				eans the disea caused deat		E TO								0	
		ANTEC	EDENT CA	USES			1		0						
Z					,	(B)	74	n	- od	لاسلا		-	3	ear	-0
2	RISE TO T	HE ABO	VE CAUSE (IF ANY, GIVE		E TO							-		
4	UNDERLY	YING C	ONDITION	LAST.	((C)			-						
를 .							-								
=	OTHER S	IGNIFI	CANT CON	DITIONS CO	N.										
	TRIBUTING	TO TH	E DEATH, BU	T NOT RELAT	ED										
,	19A. DATE C	4	Charle man a man a		THE R. P. LEWIS CO., LANSING	NGS OF OF	PERAT	ION					20	. AUTOP	SY?
Ž													YE	5 1	10
5	21A. ACCIE LYING□ OI					INJURY (e.			OCCUR?	(If in	Baltimo	re City, g	rive exac	t location	1)
7	CAUSE OF														
	21D. TIME	(Month)	(Day) (Ye	ar) (Hour)	21E. IN.	JURY OCCU		21F. HO	M DID INT	URY O	CCUR?				
				m.	WHILE AT	NOT WH		.0				15.14			
	22. I hereb	y certi	fy that I c	ittended the	e deceas	ed from_	0 -	10	, 19 5% to	7 -	8	195%	that I	last sa	w the
	deceased a	live on.	7-8	19 52	, and the	at death oc	eurre	dat 6	. m., fro	m the c	auses a	nd on th	ie date	stated o	above.
	23A. SIGNA	TURE	7	0 1	0			ADDRES		1	,			DATE SI	
	Jour	ul	dear	lesses VA	lem	eler M. D.	1	Runza	dale	2 M	Mr.	Cin	1-	8-	5 2
24 TIC	BURIAL,	CREMA Specify)	24B. DATE	-	249 NA	ME OF CEME	TERY	OR CREMA	ATORY 24	D. LOCA	TION	ity, town,	or count	7/1	State)
4	wia	20	7-9-	AZ	Lei	NO	104	inc			00	KIO		104	1
LC	TE RECEIVE	DBY	RECISTRA	R'S SIGNAT		LLA LA	2/	5. FUNER	AL DIRECTO	OR			ADORE	55	Po.
11	9 - 195	4	Hunl	ingion	raina	uus-, My	to	UK	Lewes	1 Uple	シス	1001	Que	aw	12
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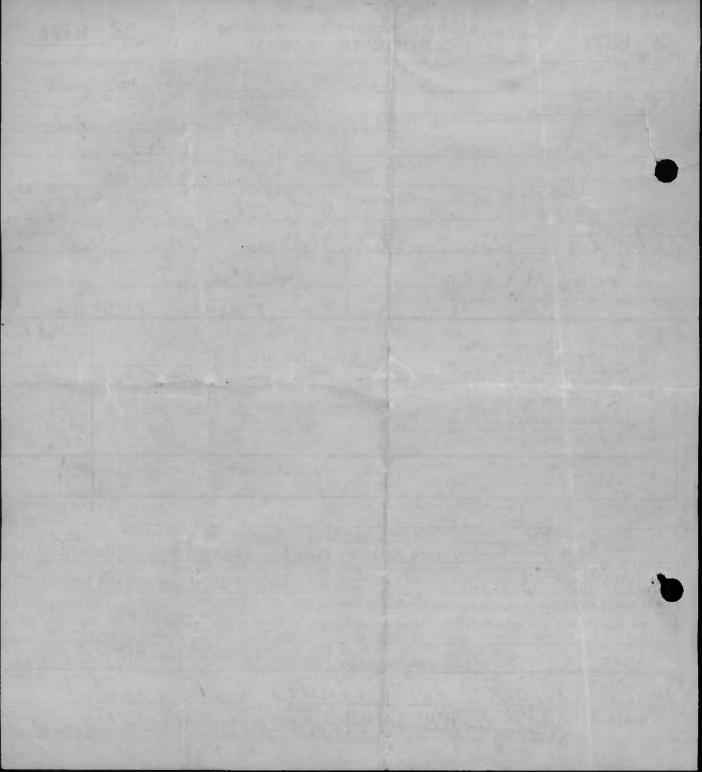


52 6370 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 6370
	ATE. DF May 29, 1952
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where de	
LICCRITAL OR	corporate limits, write RURAL and give
c. Length of stay in Baltimore Infant Mos. Days 0. STREET ADDRESS (If rural, gi	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AG	GE (In years Under 1 Year Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY Maryland	ountry) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Conrad Kess Pauline Finey	HOU SHOW
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Hospital Records	ADDRESS
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	INTERVAL BETWEEN ONSET AND DEATH
U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	dtimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED WHILE AT NOT WHILE AT NOT WORK AT WORK	JR7
22. I hereby certify that I attended the deceased from May 29, , 1952 to May 29 deceased alive on May 29, , 1952, and that death occurred at 8.45 Pm., from the cause	
23A. SIGNATURE Junt Burs by M. D. 23B. ADDRESS The Johns Hopkins Hos	spital 6/24/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION	ON (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL BEGISTRAR Turtington Williams Williams	ADDRESS
vs 150 2 5 2 6 7 6 3 6 7	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ALFRED RILEY D. DEATH July 4. 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH; A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR C, CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 720 W. Saratoga Street ngth of stay in Baltimore Days 9. AGE (ln years | H Under | Year | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED (Specify) Colored Male 12. CITIZEN OF 10A. USOAL OCCUPATION (Give kind of g most of working life, even if retired) 16. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CAUSE OF DEATH ONSET DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XSOCKEX. ANTECEDENT CAUSES Subdural and subarachnoid hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. Arteriosclerotic cardiovascular disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Cirrhosis of the liver TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY' 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Greenmount & Hoffman Streets UTING | CAUSE OF DEATH. Pennsylvania Railroad 21F, HOW DID INJURY OCCUR? 21r. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE Apparently fell to ground and hit head m. Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses [], accident K, suicide [], homicide [], undetermined []. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24C NAME OF CEMETER D. LOCATION (City, town, or county) ON REMOVAL (Specify DIRECTOR

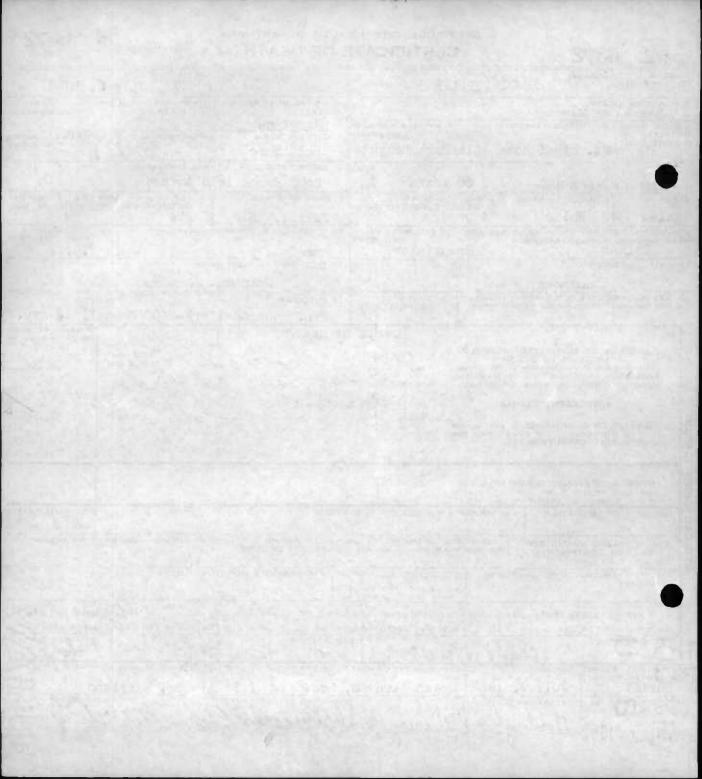
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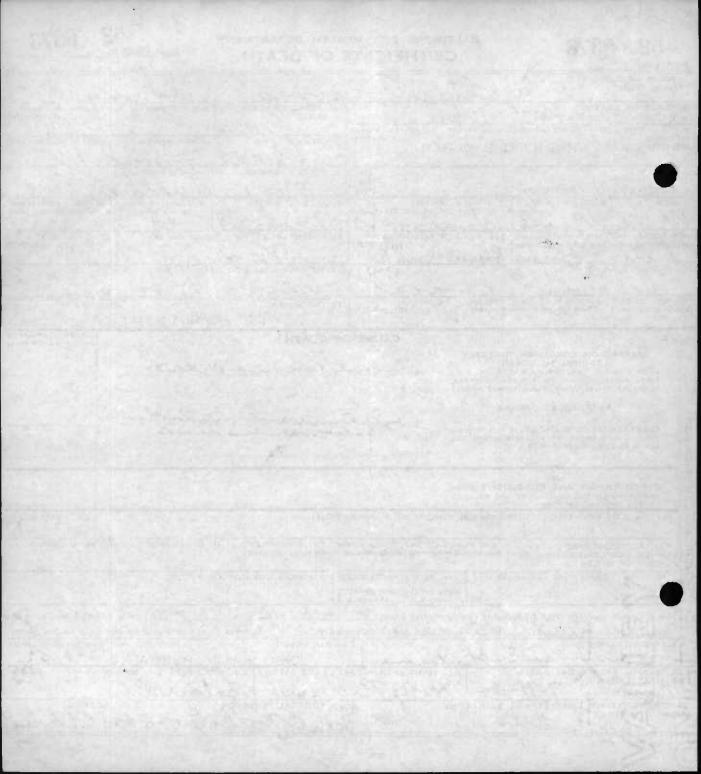
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egistered	No	UGIC

_	-52 6372		TIMORE CITY HE		ENT Registered	52 6372
1.	NAME OF DECEASED Type or Print)	LOUIS WEIL	LER		2. DATE OF TIT	y 8, 1952
	. PLACE OF DEATH: Baltimore City, Maryla			4. USUAL RESIDEN	DEATH CE (Where deceased lived, I B. COUNTY	
В. Н	FULL NAME OF (If not OSPITAL OR	in hospital or instituti	on, give street address or Avecation) Park Heights	Maryland c. city or town Baltimore		its, write RURAL and give township)
c.	. Agth of stay in Balti	more 60	years Yrs. Mos. Days	D. STREET ADDRESS 2402 Brook	(If rural, give location) field Avenue	
	Male White	WIDOW	MARRIED, ED, DIVORCED (Specify) (ed)	8. DATE OF BIRTH July 1, 187		f Under I Year If Under 24 Hours Conths Days Hours Min.
10	DA. USUAL OCCUPATION (6) th done during most of working life, even Tailor	ifretired)	OF BUSINESS OR INDUSTRY Oprietor	11. BIRTHPLACE (Sta Russia		12. CITIZEN OF WHAT COUNTRY!
	3. FATHER'S NAME Unkno		(M	14. MOTHER'S MAID Unkn		
Y	5. WAS DECEASED EVER IN U. (If yes, give w	S. ARMED FORCES? rar or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Rose A	delberg-2402 Br	ookfield Ave.
I I I CALION	(This does not mean the heart failure, asthenia, et injury or complication ANTECEDEN DISEASES OR CONDIT RISE TO THE ABOVE CALUNDERLYING CONDITORIES ON THE ABOVE THE	c. It means the discase which caused death T CAUSES TIONS, IF ANY, GIVIN USE (A) STATING THE FION LAST.	(B)	al, Vasc	osis, Cardii ular disra	24
7	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
MEDICA	21A. ACCIDENT WAS UILYING OR CONTRIBUCAUSE OF DEATH 210. TIME (Month) (Day FINJURY 22. I hereby certify the deceased alive on 23A. SIGNATURE	TING about bome, f (Year) (Hour) m. at I attended the	and that death occur	ED 21f. HOW DID II 21f. HOW DID II 1945, red at 8 Mm., f. 38. ADDRESS Euc	njury occur? to July 7, 191 ran the causes and on Taw Pl	Lithat I last saw the the date stated above 23c. DATE SIGNED 7-9-52
TI	Burial Ju		Mogan Abraham		Baltimore, Mary	
	JUL 9 1952	intington M	Alique Mo?	Selflurison &	Grad. 11247.74	rth avenue



2	,50						
В	52 IRTH NO.	6373	E		EALTH DEPARTMENT E OF DEATH	52 Registered No.	63"73
1.	NAME OF Type or Print	DECEASED	Wa	eter Oik	- Musica	2. DATE OF DEATH	Qu 8 1952
A.	PLACE OF Baltimore	City, Maryla		old 6	4. USUAL RESIDENCE ()		titution: residence lefore admission)
H	OSPITAL OF	}	HOPKINS H	location)		f outside corporate limits, v	vrite RURAL and give township)
-	Length of	stay in Balti	more	Yrs. Mos.	D. STREET ADDRESS (If	rural give location)	1,00
	SEX	6. COLOR OF	RACE 7. SIN	Days GLE, MARRIED, OWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years little last birthday) Month	er I Year II Under 24 Hours as Days Hours Min.
1C wor	A. USUAL C	CCUPATION (G	lvekind of 10B. K	ND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S		017	R.R.	14. MOTHER'S MAIDEN N	IAME / Lan	
15 (Ye	. WAS DECEA	SED EVER IN U. (If yes, give w	S. ARMED FORCES ar or dates of service	1 16 SOCIAL	17. INFORMANT JOHNS HO	ADD OPKINS HOSPITAT	RESS
	18. 44 DISE	3X	ITION DIRECT		OF DEATH	The state of the s	INTERVAL BETWEEN ONSET AND DEATH
	(This do heart fai	LEADING T es not mean the lure, asthenia, et		e. g., (A) Cude.	e Vande a	whent	
	injuly 0	ANTECEDEN'		ath.) DUE TO		- 1.0.00	
CERTIFICATION	RISE TO	ES OR CONDIT THE ABOVE CAL LYING CONDIT	IONS, IF ANY, GI USE (A) STATING TION LAST.	VING THE DUE TO	le. valula-		
CERTIFI	TRIBUTIN	IG TO THE DEAT	CONDITIONS (TH, BUT NOT REL	ATED			
		OF OPERATIO	* ,	OR FINDINGS OF OPER	RATION		20. AUTOPSY3/
EDICAL	21A. ACCI LYING CAUSE OF	DENT WAS UN OR CONTRIBUT DEATH		PLACE OF INJURY (e. g., i. me, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give	
M	210. TIME INJURY	(Month) (Day	(Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I here		at I attended t	he deceased from 2-and that death occur	- 2 4 - 1952 to	7-8-, 19 57 4	hat I last saw the
	23A. SIGN		er E. Br	heliamas. 2	ЗВ. ADDRESS JOHNS HOPKI		3c. DATE SIGNED
TIC	BURIAL.	CREMA. 24B. (Specify)	DATE -//-52	Holy Re	RY OR CREMATORY 240. L	CATION (City, town, or Rd.	county) (State)
	ATE RECEIV	ED BY REGI	strar's sign	Illiams, Mit	25. FUNERAL DIRECTOR	vonc -2+35	C. Oliver &
Jt.	JLv3 150	332	0	54/3	0		



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IRTH NO	o
NAME Type or P	OF DECEAS
PLACE	OF DEATH:

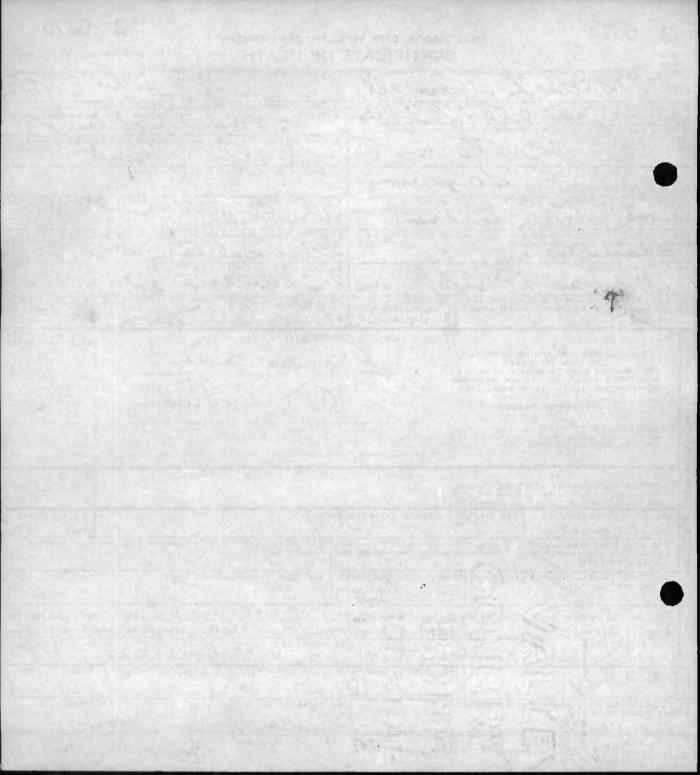
	26 0014			CERTIFICAT	E OF DEATH	Registere	d No.	05/4
-	IRTH NO.	D.				2. DATE		
	NAME OF DECEASE Type or Print)		OIDI	KTNO		OF _	-T Ø 7	050
	PLACE OF DEATH: Baltimore City, Ma		OHN	KING	4. USUAL RESIDENCE (: residence fore admission
			l or instituti	on, give street address o	-11	ann	e aru	10
H	OSPITAL OR			location		If outside corporate li		
17	Sou	th Balti	more Ge	eneral Hospita	Weems Cr			
C.	Length of stay in H	Raltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location	5200	
_		OR OR RACE		, MARRIED,	8. DATE OF BIRTH	9. AGE (in years	Months: Days	If Under 24 Hours
	male wh	ite	ma	ED, DIVORCED (Specify	March 18, 1915	3	Months: Days	Hours Min.
	A. USUAL OCCUPATION Advisory of the state of		10B. KIND	OF BUSINESS OR		foreign country)	12. CITIZ	ZEN OF
B	ulldozu Ope		Cons	truction	Virgini	a	4.	S.A.
13	FATHER'S NAME	1 m.	Kin		14. MOTHER'S MAIDEN I	Cronm	iller	
15	. WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	(If yes,	give war or dates	of service)	SECURITY NO.	Mario 9. 1	ing We	ADDRESS	b, Md.
	18. E823.0			CAUSE	OF DEATH		INTER	RVAL BETWEEN
	DISEASE OR	CONDITION					0.102	THE DEATH
	(This does not me		f dying, e. g	z., (A) Crushi	ng injury of ches	t	************	***************************************
	heart failure, asthe injury or complication							
	ANTEC	EDENT CAUS	ES					
z	DISEASES OR CC	NDITIONS, II	F ANY, GIVIN	(B)	***************************************		*********	
RTIFICATION	UNDERLYING CO			HE DUE TO				
CA				(C)				
Ē	OTHER SIGNIFIC	II CONDI	TIONS COM	1 -				
ERT	TRIBUTING TO THE	DEATH. BUT	NOT RELATE	ED .				
C	19A. DATE OF OPER			FINDINGS OF OPE	RATION		20.	AUTOPSY'?
AL							YES	
	21A, EXTERNAL CAL	JSE WAS	218. PLA	CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore Ci	ty, give exact	location)
EDIC	THING THE GATUSE	OF DEATH.		road	Ritchie High	way - Glen	Burnie	4
Σ	21D. TIME (Month)	(Day) (Year)		21E. INJURY OCCUR		RY OCCUR? Tru	ck out o	of con-
K	uly 8, 1952			WORK NOT WHILE	Litrol, struck			
	22. I certify that	I took char	ge of the	remains described	above, held an inspect	ion & inqui	ry there	the that from
	the evidence	btained by	said Auto	psy, Inspection or	Inquiry, find that said	, Inspection or Inqu deceased died on	the day s	tated above
	and death in	my opinion	resulted f	rom: natural cause	es 🗌, accident 🗓, suicid	e 🔲, homicide 🗀], undeterm	uned .
	23A. SIGNATURE	R	1 to	ishen!	23B. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	TOR	July 8,	1952
2	AA. BURIAL, CREMA- ON REMOVAL (Specify)	7- 10-	52	24C. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, to	wn, or county	no (State)
DL	ATE RECEIVED BY	REGISTRAR'	1.	Alle 117	25. FUNERAL DIRECTOR	2 1500	ADDRES	Sis M
1	OF O 100F	1 June	ofiton 1	YULLALLUA MY	A LA LE GOOD	20 100 4 L	All and I am	

DATE RECEIVED BY V S 151 N862.2

52 6375 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF 2. DATE (Type or Print) OF 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. institution : residence before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or location) B. FULL NAME OF HOSPITAL OR INSTITUTION township) (If rural, give location, c. Length of stay in Baltimore 6. COLOR OR RACE 7. SING E. MARRIED 9. AGE (In years) If Under 1 Year hast birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (the kin of work done during most of working life, of an irreduced) 108, KIND OF BUSINESS OR 2. CITIZEN OF INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES:
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL (Yes, no or unknown) SECURITY NO rock 18. CAUSE OF DEATH 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY no VES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE

22. I hereby certify that Lattended the deceased from , 192, that I last saw the deceased alive on the 1952 and that deat occurred at 3 A. m., from the courses and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR-CREMATORY DATE RECEIVED BY FEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARGAREI DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE

B. COUNTY

before admission. 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR GOLONIAL Russing location) outside corporate limits, write RURAL and give 11 4506 80RREN IMORE D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 7Days 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED last birthday) Months; Days Hours Min. WHOOWED, DIYORCED (Specify) OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, oven if retired) INDUSTR WHAT COUNTRY House Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Momas Our 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. no -INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE! WHILE AT AT WORK WORK , 19 , that I last saw the 22. I hereby certify that I attended the deceased from 7 2 195 and that death occurred at 0 deceased alive on Hel m., from the causes and on the date stated above. 23C. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS M. D. 110N. REMOVAL Specify) 24C. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE untinglow

3033 W. Horth and

BALTIMORE CITY HEALTH DEPARTMENT 6377 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH July 7,1952 Thomas S. Derda Sr. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland Baltimore. Md. A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland Baltimore HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Doctor's Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos 69 Yrs. 521 S. Luzerne Ave. c. Le. eth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Dec.19,1883 Male White Married 10A. USUAL CCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. Poland Canning Processor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NEGIM Stanislaw Derda 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. No 2610 Beryl Ave. Helen Derda INTERVAL BETWEEN 18. 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21E. INJURY OCCURRED

AT WORK

24c. NAME OF CEMETERY OF CREMATORY

22. I hereby certify that I attended the deceased from Jaw. 19 V and that death occurred at

23B. ADDRESS

19 12 to

24D. LOCATION (City, town, or county)

uly. 191 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

INJURY

DATE RECEIVED BY

LOCAL REGISTRAR

deceased alive on 23A. SIGNATURE

ID. TIME (Month) (Day) (Year) (Hour)

24B. DATE

July 11.1952 REGISTRAR'S SIGNATURE

Holy Rosary

WHILE AT WORK

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

Baltimore, maryland

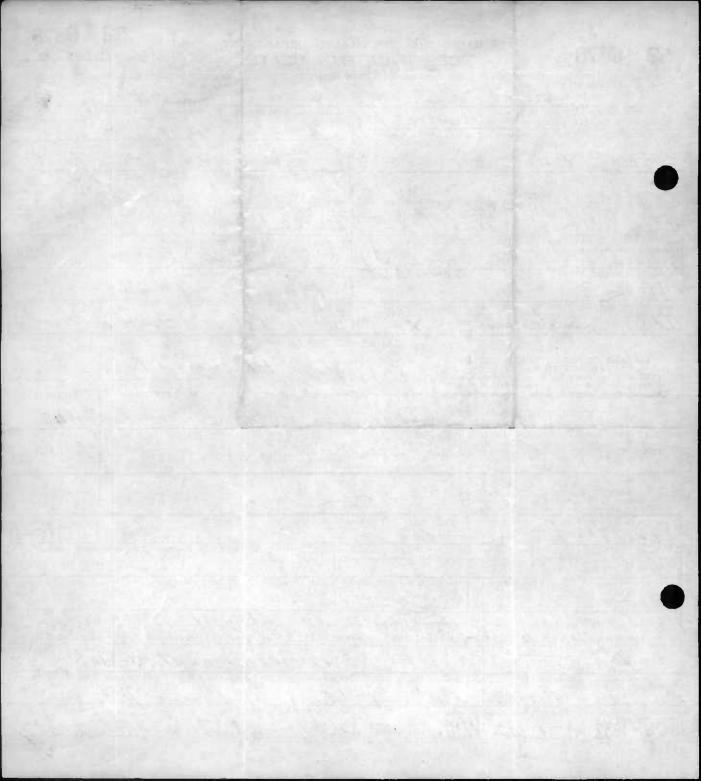
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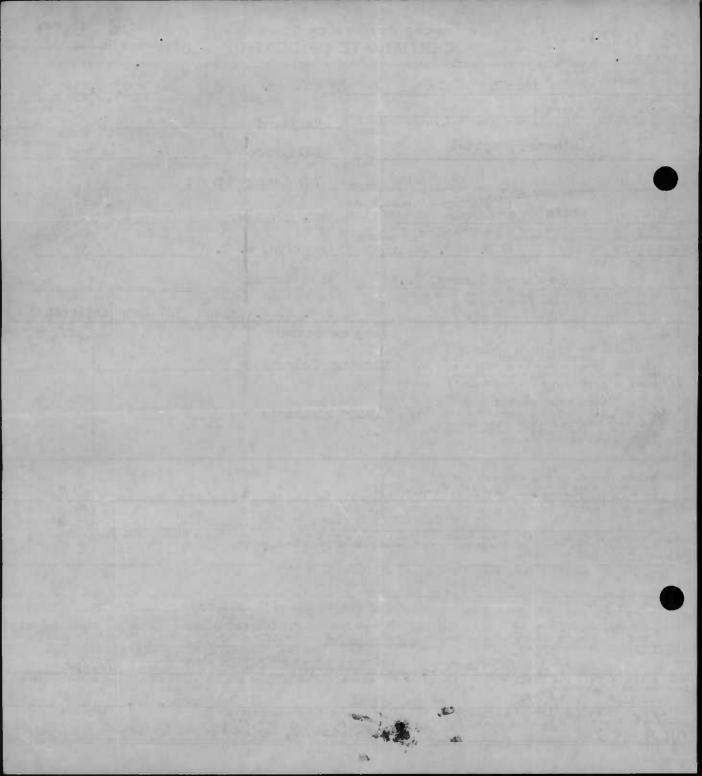
31	RTH NO.				
T	NAME OF DECEASED George Washington Ke	2. DATE OF DEATH U/Y	7, 1952		
١.	Baltimore City, Maryland Baltimore, Md	A. STATE B. COUNTY B. COUNTY Level 10 A. STATE B. COUNTY Level 10 Lev	before admission		
10	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION 2009 Ellerslie Ave	S. CITY OR TOWN If outside corporate limits, wr			
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	01.		
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WHOWED, DIVORCED (Specify)	TEb. 22, 189/ 9. AGE (In years last birthday) Months			
rk	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Vi Engineer Ra / Timore City		CITIZEN OF WHAT COUNTRY		
3	Michael Kelly Sewage Bept,	Mollie Conway			
5	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of pervice) (If yee, give war or dates of pervice) (If yee, give war or dates of pervice) (If yee, give war or dates of pervice)	Long / Kelly Son of d	ess preased)		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ioma Reyelid removed	INTERVAL BETWEEN ONSET AND DEATH		
101111	DISEASES OR CONDITIONS, IF ANY, GIVING	ndary Carcinoma	2 4 Ears		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	Lye lid.	YES NO		
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e.g., io or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)					
•	INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from IEC. deceased alive on 14/4 6, 1952 and that death occur	14, 1951, to July 7, 1957, the	nat I last saw th		
		38. ADDRESS 38.12 Green mount Ave J	3c. DATE SIGNED		

24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)

VS 150



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1	2 63 RTH NO.	79					IFICAT					Reģis	stered No		379
1.	NAME OF Dype or Print)	DECEAS									2.	DATE		, .	
	PLACE OF I	DEATH.	D	ENNIS	J	OSEPH		TOOMEY,		FNCE		DEATH	July		n: residence
A.	Baltimore	City, N						A. STATE		LINCE	(Where	B. COL			efore admission
H	FULL NAME DSPITAL OR ISTITUTION						reet address or location)	c. CITY	y land	v (If outs	ide corpo	rate limits.	write l	RURAL and gi
		L	uthera	n Hos	pita	1			timor			1	3-6) <u> </u>	townshi
			D - 14.				3 Mos.	D. STREI	Lenn				ation)		
5.	SEX SEX		Baltimor	CE 7. 5		E. MARRIE		8. DATE			9.	AGE (In		inder 1 Yea	
	Male	W	hite		Singl		RCED (Specify)		20, 1	905		47	nday) Mon	ths Da	ys Hours Mir
	A. USUAL O				. KINE	OF BUSI	INESS OR INDUSTRY	11. BIRTI	PLACE	State or	foreig	n country	7)		IZEN OF
_	ecretary			I	3. &	O. Rai	ilroad	Brook	dyn,						/
13	O. FAIRER S		nnie Jo	canh	Toon	2011 51			Harte		NAME				
	. WAS DECEAS	ED EVER	R IN U. S. AF	MED FOR	RCES?	16. SOC	IAL	17. INFO		***			AD	DRES	5
(Ye	s, no or uokoowo) (11 30	es, give war or	dutes of se	rvicej	SEC	URITY NO.	Mrs.	0. J.	Nel	son	707	Lenno	x St	reet
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ERT	TRIBUTIN	IG TO TH	OR CONON	BUT NOT	RELATI	ED		••••••••••••							······
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EDICAL	21A. EXTER UNDERLYIN UTING	NG C	OR CONTR	IB- abo			JURY (e. g., i street, office bldg.,		WHERE RY OCCI		(If in	Baltimo	re City, gi		et location)
M	21D. TIME OF INJURY		(Day) (Y	ear) (Ho		WHILE AT	RY OCCURR NOT WHILE		HOW DII	ULNI C	RY OC	CUR?			
	the ex	vidence eath in	obtained	bu said	d Auto	remains	described of peetion or a tural cause	Inquiry, j s (X) aeci 238.	ind tha dent [].	Autopsy t said suicid IEDICAL	dccea le L EXA	ection or sed die homiei	d on the de \square , un	day	stated aboumined SIGNED
	4A. BURIAL.			E		24c. NAM	E OF CEMETE		MATORY			TION (C	ity, town, o	1000	
TI	on REMOVAL (Burial	Specify)	7/10/	152		New Ca	athedral	7/2/2		Ba	ltin	nore.	Md.		
	ATE RECEIVED CAL REGIS		RECISTR	AR'S SI				25. FUNE	TAL DI	ear	3 Gu	150	11805	ADDR H. L	alvery St
V	\$ 151					40	35	050							8



56.				X	
52 BIRTH NO.	6380	BALTIMORE CITY HE CERTIFICATE		Registered No. 638	0
1. NAME OF	DECEASED ELON	Lo. Pl.	200)	2. DATE OF DEATH Sule 8	イング
3. PLACE OF	e City, Maryland	15 2	4. USUAL RESIDENCE (Where deceased fved. If in titution:	residence re admission)
B. FULL NATHOSPITAL CINSTITUTIO	ME OF (If not in hospital or OR	institution, give street address or location) S. HOSPITAL	C. CITY OF TOWN (I	f outside corporate limits, write RUI	RAL and give township)
c Length o	of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
5. SEX	6. COLOR OR RACE 7.	SINGLE, MARRIED, NIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3 - 3 8 - 5 3	9. AGE (In years if Under I Year last birthday) Months: Days	If Under 24 Hours Hours Min.
	OCCUPATION (Give kind of los nost of working life, even if retired)	RIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	WHAT	EN OF COUNTRY?
13. FATHER	S NAME Plum	n en	14. MOTHER'S MAIDEN ME Barbara	NAME	
15. WAS DEC (Yes, no or nakas	EASED EVER IN U. S. ARMED FOR own) (If yes, give war or dates of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPITAL	
(This heart in jury	EASE OR CONDITION DIRE LEADING TO DEATH does not mean the mode of dy failure, asthenia, etc. It means th or complication which caused ANTECEDENT CAUSES ASES OR CONDITIONS, IF ANT TO THE ABOVE CAUSE (A) STA- RLYING CONDITION LAST.	ing, e. g., (A) // (A) c disease, d death.) DUE TO	cardial di	faretra 3 m	h.mits
W TRIBU	R SIGNIFICANT CONDITION TING TO THE DEATH, BUT NOT E DISEASE OR CONDITION CAU	RELATED			
19A. DA	e of operation 198	NAJOR FINDINGS OF OPER	oraney	Arthy 120 V	No
LYING		1B. PLACE OF INJURY (e. g. mut home, farm, factory, street, office bldg.,		(If in Baltimore Sity, give exact	locátion)
2 D. TIM	IE (Month) (Day) (Year) (House	while at NOT WHILE WORK		RY OCCUR?	
decease	ercby certify that I attended alive on	ed the deceased from and that death occur		the causes and on the date st	tated above.
X	ENATURE Priviled	VZ4C, NAME OF CEMETE	JOHNS HOPK		(State)
100, REMOVA	AL (Specify)	24C. NAME OF CEMETE		ianna Arkansa	
	IVED BY PEGISTRAR'S SI	on Wallaus My.	John A. Moran	ADDRES	
VS 15	10 · · · · · · · · · · · · · · · · · · ·	5 2 0 5 0	- for HE Lewis		

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55	SALTH DEPARTMENT 52. 6381
52 6381 BALTIMORE CITY HE	
BIRTH NO.	E OF DEATH REGISTERED NO.
1. NAME OF DECEASED (Type or Print) Holl	man 2. DATE OF DEATH 7/8/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Box 7 W Howard Ballinore
Institution Union Hoop.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	130x 721 Howard are
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 24. 29 - 1905 9. AGE (In years If Under I Year Months: Days Hours Min. 7 9 Hours Min.
10A. USUAL OCCUPATION (Givekindef ork done during enost of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
7 rank Halfman Steel Aller	Sally Wickline
15. WAS DECEASED EVER IN U.S. ARMED/FORCES? Yes, no or nuknown) (If yes, give war or date of service) (189-09-0457	17. INFORMANT Serlingly ADDRESS Ame & Some
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	rang thromboois 12 pro
ANTECEDENT CAUSES	
Z (B)	

ERTIFIC.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)
	ANTECEDENT CAUSES	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coranary [hrantoois 12 hrs

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

deccased alive on 11: 55 Amp 7/

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E, INJURY OCCURRED

ID. TIME (Month) (Day) (Year) (Hour) WHILE AT

AT WORK WORK

22. I hereby certify that I attended the deceased from

8. and that death occurred at 11:55 Am., from the causes and on the date stated above. 23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

21F, HOW DID INJURY OCCUR?

1952 to

SUNERAL DIRECTOR

23c. DATE SIGNED

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-TION, REMOVAL Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY CREGIOTRAR'S SIGNATURE

ADDRESS

20. AUTOPSY?

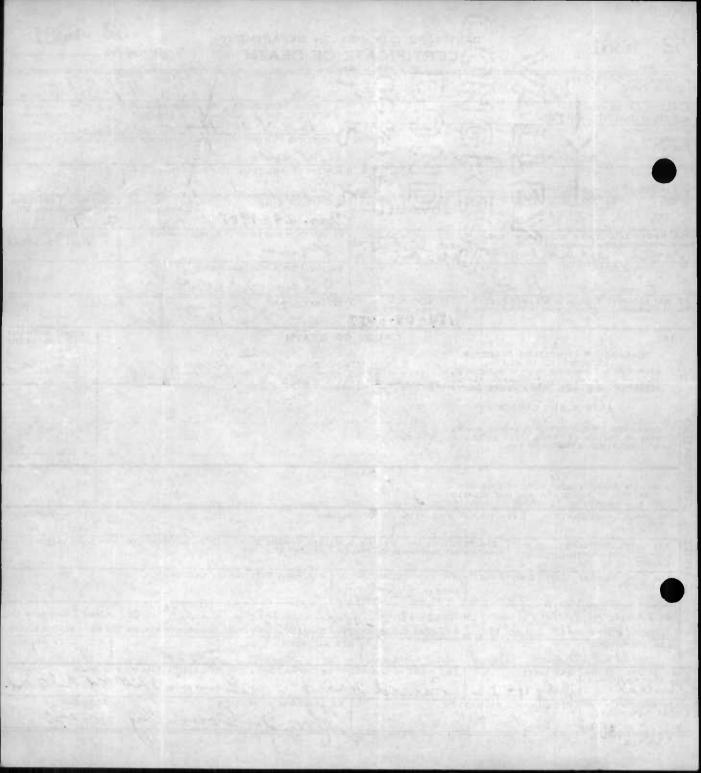
YES _

, 1954 that I last saw the

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23A. SIGNATURE

MEDICAL

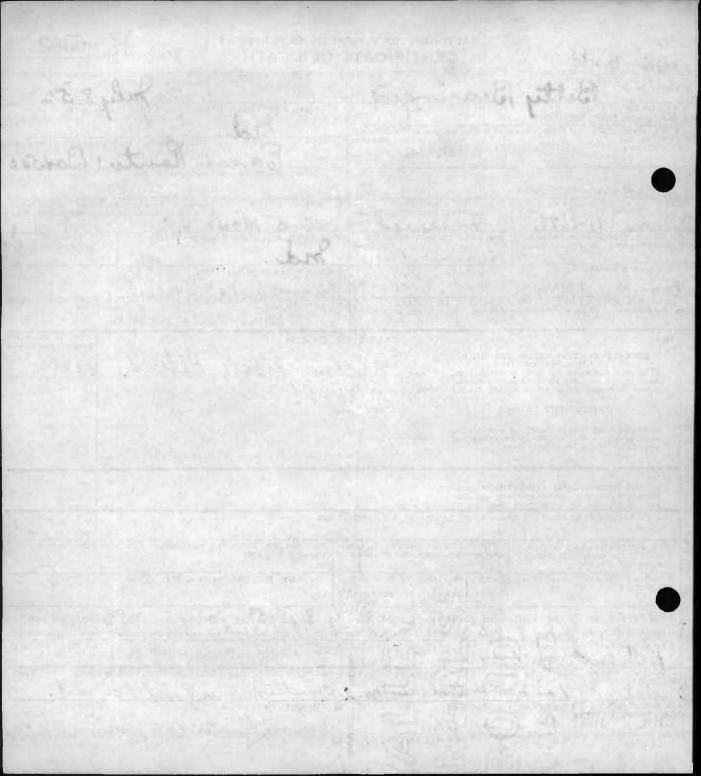


6382 birth 20.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6382

1. NAME OF DECEMENT (Type or Print) Betty Bearinger	2. DATE OF DEATH Puls 8 52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lifed, If institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION IN	C. CITY OR TOWN (If outside apporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rursh, give location)
c. Length of stay in Baltimore Mos.	5354
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIROWED, DIVORCED Specify)	8. DATE OF BIRTH 9. AGE (In years li Under I Yest last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Young	ana mc Cully
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
	OF DEATH ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	inematoris-Pelvis, 12 hrs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	in ??
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	YES NO P
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	lu 8 151952 to Dly 8, 1959 that I last saw the
deceased alive on 20, 19, 19, 2 and that death occur	rred at 12 Pm., from the causes and on the date stated above.
&C. Dosammenn M. M. D.	JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify) 7- 12-52 Calvey M.	E. Cemetry Hay ford Co. mel.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL PRECTOR ADDRESS
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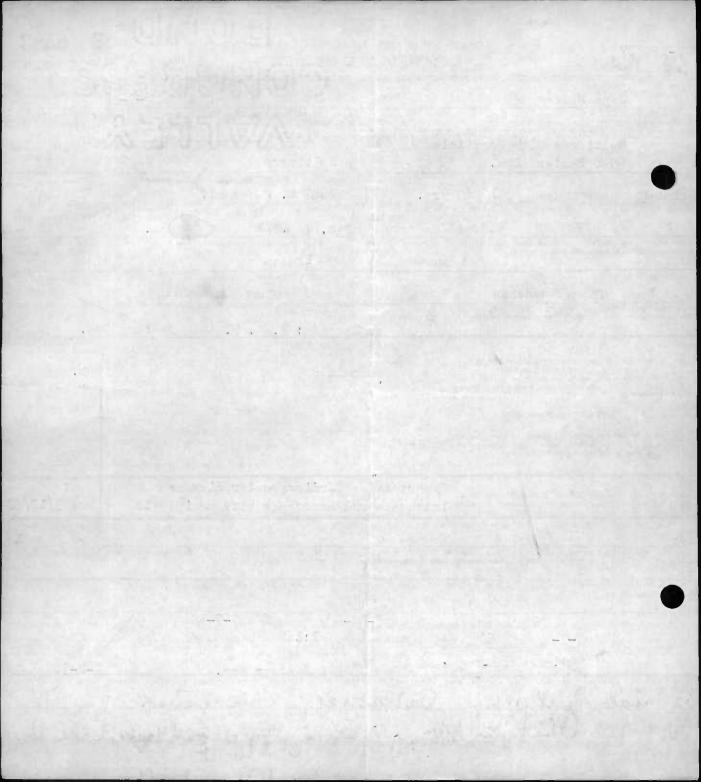


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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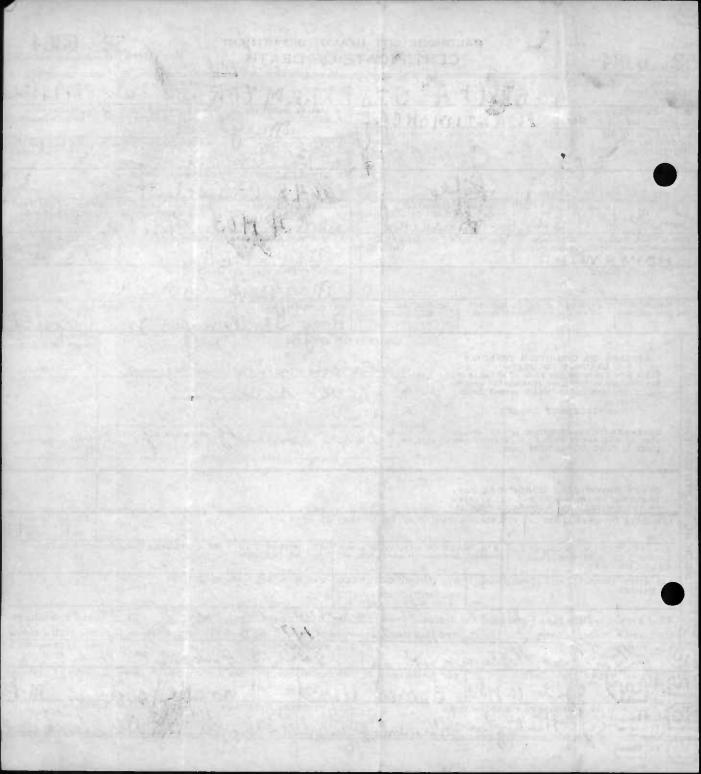
BIL	АТH NO.63	883		CERTIFICATI	E OF DEATH	Registered No.	
4	NIAME OF D					2. DATE OF DEATH 7-7-52	
3. A.	Baltimore (EATH: City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (\ A. STATE Maryland	Where deceased lived. If ins	before admission)
N	SITUITON	altimore City 940 Eastern A		on give street address or location)	c. CITY OR TOWN (III	f outside corporate limits, v	write RURAL and give township)
C.	Length of s	tay in Baltimore	60	Yrs. Mos. Days	D. STREET ADDRESS (If 2642 E. Chase S		
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Month	der I Year H Under 24 Hours hs Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		224	14. MOTHER'S MAIDEN N	IAME	
	?	Thomas Bana	han		? Agnes Mc	Laughlin	U
15	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	ADE	DRESS
. 00	, no or unanowny	(11 300) 8110 1101 01 0100	a of activica)	SECURITY NO.	ecords: B. C. H.	4940 Eastern A	Ave.
1	18. 1/1 2	V			OF DEATH	77 10 2000000	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA's not mean the mode of	rH	Pneumo	nia		l wk.
	heart failu	re, asthenia, etc. It mea	ns the disease		······································		***************************************
	injury or			, 552 10			
		ANTECEDENT CAUS	SES				
5	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************		***
	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E OUE TO			
5				(C)	***************************************	**************************************	
		11		Hemont on aday	Cardiovascular	dicean	2
	OTHER S	IGNIFICANT CONDI	TIONS CON				since 5/19/52
ול	TO THE O	ISEASE OR CONDITION	CAUSING IT	Intracereora	l Hemorrage with	nempregra	since 3/19/34
וו	19A, DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER			YES NO X
		DENT WAS UNDER CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
4	P. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY		m. V	WORK NOT WHILE			
-1	22 I hand	or contifer that I att		deceased from 5-21	- 1952, to 7-	7-52 10	that I last saw the
1	decensed a	live on 7-7-	1952 ,	and that death occur	red at 1:15P m., from		
	23A, SIGNA				3B. ADDRESS		23c. DATE SIGNED
		4.5.	lo	M. D.	HOLO Eastern Ave		7-7-52
	A. BURIAL,		0 2	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
5	N. REMOVAL (S	1	11/52	Cathera	ras B	allingen	
D/	ATE RECEIVE	D BY KAGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTOR	1	ADDRESS
-	THE BEGIST	952	meters !	With .	R1-19:04	. 2029gar. 1	3.221.81
-	VC 155		7	THE MANUEL MAN	- Maria	They look	The state of the s



.52 6384 BALTIMORE CITY HEALTH DEPARTMENT

BIRT	н ир38	4		CERTIF	ICATE	OF DEA	TH	Regist	ered No		
1. NA	ME OF DE	CEASED	0 5 + +	-A S	+ +	TIEN	AYER	2. DATE OF	Pulm	7.1	95.2
	ACE OF DE	EATH: ity. Maryland	BALT	MARE	Cute	4. USUAL RES	IDENCE (Wh	DEATH cre deceased h			ldence dmission)
. FU	LL NAME O		pital or institut	on, give street	address or location)	13	00-2-0	mo			
	ITUTION	604 5	5. Ch.	APOIS	7	c. CITY OR TO	timo	utside corpora	te limits, we		L and give township)
Le	ngth of st	ay in Baltimore	Li	Le	Yrs. Mos. Days	6045	01	ral, give locat	ion)		
5. SE		6. COLOR OF RAC	E 7. SINGLE	. MARRIED. ED, DIVORCE	A	B. DATE OF BI	RTH	9. AGE (In yo last birthd	ears If Under	1 Year If U	nder 24 Hours
me		While	M	arrie	ol	Jan 4	. 1903.	49	6	Days 1100	110
OA. I	e during most o	CUPATION (Give kind f working life, eyeo if retir	lof 10B. KINE	OF BUSINES	SS OR NDUSTRY	11. BIRTHPLA	E (State or for	eign country)		CITIZEN WHAT CO	
3 F	ATHER'S N	BAILE				14. MOTHER'S	MAIDEN NAM			2 S.	4_
	A 1111 E 11	AW S				Moners	MAIDEN NAI	Cust	-		
15. W	AS DECEASE	D EVER IN U. S. ARM	IED FORCES?	16. SOCIAL		7. INFORMAN	Tun	Cwu	ADDR	FSS	Α.
Yes, no	or ookoown)	(If yes, give war or d	ates of service)	SECURI	TY NO.	Ran. S.	Millom	KOLKA	31730	Chan	ol st
18	. 151	٨.		C	AUSE O	F DEATH				INTERVAL ONSET AN	BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		0	·	,	7		Wash	O DEATH
	(This does	not mean the mod- re, asthenia, etc. It m	e of dying, e. g	(A) e.	Las	cinom	~ 4	Kroms	- of	MEN	m
	injury or	complication which	caused death	.) DUE TO	un	·u m	elasta	de .	_		
		ANTECEDENT CA	USES					.0			
5	DISEASES	OR CONDITIONS	. IF ANY, GIVIN	(B)	¥ /	4	1	June	7_	11.1	
	UNDERLY	HE ABOVE CAUSE (LAST.	(C)		e non		/		- MCM	m
2			:=rhl :=-v	(0)							
		II IGNIFICANT CON									
		TO THE OEATH, BU SEASE OR CONDITI					<u></u>	•••••			
1 19	A. DATE O	F OPERATION O	19B, MAJOR	FINDINGS	OF OPERA	TION				20. AUT	
5 -	14 ACCID	ENT WAS UNDER	21p Pi	CE OF INJUI	RV (a s io	or 21c. WHER	E DID (If	in Baltimore	City give	YES L	No L
ן ר		CONTRIBUTING		arm,factory,street				2411111010	0103, 8.10	CAUCU 100a	2011
2	10. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY		21F. HOW	DID INJURY	OCCUR?			45.0
			m.	WHILE AT WORK	NOT WHILE						
2	2. I hereb	y certify that I	attended the	deceased from	om ap		952, to		, 1952, th		
	eceased al		7, 1952.	and that dec		ed at. 479	m., from the	e Causes an			
	3a. SIGNA	hilibery 6	artigi	ani	м. о.	2942	2.7a	yette	of fr	SC. DATE	152
24A.	BURIAL C	REMA- pecify) 248. DATE	1000	24c. NAME OF	CEMETER	Y OR CREMATO	RY 240. L9	CATION (City	y, town, or co	ounty)	(State)
YS	wish) BY I SECISE	10 1927	Jack	ed . H	25. FUNERAL	l sa	pre	Dad.	DRESS	Ma
DATE	RECEIVE	BAB REGISTRA	R'S SIGNATU	RE		25. FUNERAL		N	AD	DRESS	1

VS 150



REA-132743 BALTIMORE CITY HEALTH DEPARTMENT Registered No 2 6385 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATHJUNG 25, 1952
4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF Baltimore City Hospitals HOSPITAL OR location) (If outside corporate lim C. CITY OR TOWN INSTITUTION township 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. B. C. H. 4940 Eastern Avenue Life c. Length of stay in Baltimore Days B. DATE OF BIRTH 9. AGE (In years) If Under I Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male Negro March 29, 1885 Widowed IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work fone during most of working life, even if retired) INDUSTRY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records: B. C. H. 4940 Eastern Avenue CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY (A) Cerebral Hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.

ERTIFICATION TO THE DISEASE OR CONDITION CAUSING IT. $\overline{\mathbf{u}}$ 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL YES 21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT 10-19 22. I hereby certify that I attended the deceased from_ ., that I last saw the 6:201., from the causes and on the date stated above. 192 _ and that death occurred at_ deceased alive on_ 7-7-52 SIGNED 23A. SIGNATURE 238. ADDRESS 4940 Eastern venue 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) suicel

FUNERAL DIRECTOR

VOD , W19

'S SIGNATURE

REGISTRAR

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DATE RECEIVED BY

THE STATE OF STATE againt and the tate. - The Darlow to enduring a nyae the way Separation and would be a separate and the second s

BEK- 63887

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6386

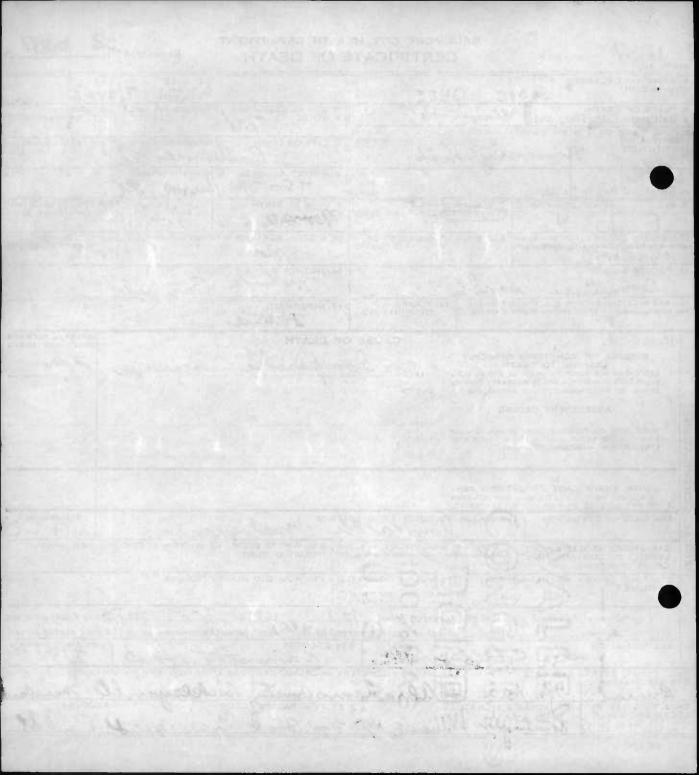
BIRTH NO.			<u> </u>			
NAME OF DE	CEASED				2. DATE	
Type or Print)	Annie	hauman	1		OF 7-4-5	
	ty, Maryland	Ball	of alu	4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)
FULL NAME O			on, give street add ess or location)	11	outside corporat, limit	
NSTITUTION	Baltimore C:		pital		ourside corporate hand	township)
3	4910 Easter:	n Ave.		Baltimore		
		7.0	Yrs. Mos.	D. STREET ADDRESS (If)		
	ay in Baltimore	Life	Days	417 N. Eden St.		
	6.COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Mo	uths; Days Hours Min.
emale	Negro	Separa	ated	Jan. 7, 1898	54	
O4. USUAL OCC	UPATION (Give kind of working fife, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Dome	ester	af	Home	Md.		U.S.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME	
William Ho	oward			Annie Campher		
5. WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ΔΙ	DDRESS
(es, you unknown)	(If yes, give war or date	of service)	SECURITY NO.	Records: B.C. H.		tern Ave. V
110 0000		1	CALICE	I		INTERVAL BETWEEN
18.002X	1		CAUSE	OF DEATH		ONSET AND DEATH
	E OR CONDITION LEADING TO DEAT	'H	Mark and	7		5 mos.
(This does in heart failure	not mean the mode o e, asthenia, etc. It mea	f dying, e. g	(A) TUDET	culous Meningitis		
injury or c	complication which c	aused death.) DUE TO			
A	ANTECEDENT CAUS	ES	D. 1	M 1		77.1
			(B)	nary Tuberculosis	·····	Unknown
RISE TO TH	OR CONDITIONS, II	STATING TH	E DUE TO			
UNDERLYI	NG CONDITION LA	ST.	(C)			
OTHER SI	II GNIFICANT CONDI	TIONS CON				
TRIBUTING '	TO THE DEATH, BUT	NOT RELATE	D			
The second secon	OPERATION 1		FINDINGS OF OPER	PATION		20. AUTOPSY?
2-25-52	0			for Diagnostic Po	1770000	YES NOX
)	NT WAS UNDER		CE OF INJURY (e. g., I		f in Baltimore City,	4.0
	CONTRIBUTING	about home, fe	arm, factory, street, office bldg.,	to.) INJURY OCCUR?		
P. TIME (INJURY	Month) (Day) (Year)	(Hour) 2	LIE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
- Install		m. V	WORK NOT WHILE			
22 I horoha	certify that I att		0	24 1952 to 7-	1952	that I last saw the
deceased ali				rred at 4:15 Bm., from the		•
23A. SIGNATE		, 102., (238. ADDRESS	to dances area on the	23c. DATE SIGNED
	15.	con	M. D.	4940 Eastern Ave.		7-5-52
24A BURIAL, CF		(3)	AC. NAME OF CEMETE	RY OR CREMATORY 24D. L	CATION (City, town,	or county) ((tate)
DATE RECEIVED	BY PREGISTRAR	SSIGNATU	RE .	25. FUNERAL DIRECTOR	9 3	ADDRESS NA
LOCAL REGISTR			Africa -	Eliva Bills	on That !	Simily
JUL 9 - 19:	1/ Tunto	yton	Villaun Mg	, Coro	1,1	()-
VS 150		0	1	220 6-41		
			10	TOOM		

6387

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 6387

Type or Print) SADIE BEES	2. DATE OF DEATH	7/8/52
B. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Where deceased live a. STATE B. COUNTAIN	
MOSPITAL OR NSTITUTION White street address or location) White street address or location)	c. CITY OR TOWN (If outside corporate	e limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If ryral, give location 750 Mc/Lenath)	on)
Days 5. SEX 6. COLOR OR RACE 7. SINCES MARRIED.		urs I Under 1 Year If Under 24 Hours y) Months Days Hours Min.
WIDOWED DIVORCED (Specify)	11000011876 75	
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) INDUSTRY	Wac.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Cornelius Sanble	14. MOTHER'S MAJOEN NAME Both	Id
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, no or unknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
DISÉASÉ OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	mpeuble Csum	290
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19B. MAJOR PINDINGS OF OPE	Le malerance	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,		City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 7, 195, and that death occu	1952 10 7-8	19 2that I last saw the
deceased alive on 7 , 19 , and that death occu	rred at m., from the causes and	on the date stated above.
Grage Caldeman M.D.	Kniversity /for	\$ 13/5°Z
24A. BURIAL, CREMA- 24E DATE 24C. NAME OF CEMETE	ery or Crematory 24b. Location (City	fown, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 9 - 1952 Huntington Williams M.	25. FUNERAL DIRECTOR	ADDRESS JAB Paul &8
VS 150		

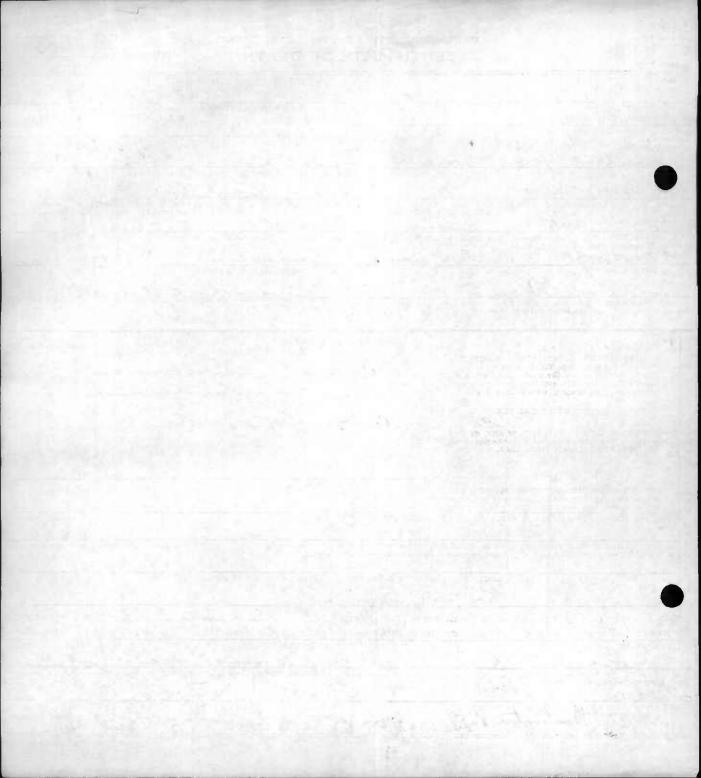


BALTIMORE CITY HEALTH DEPARTMENT

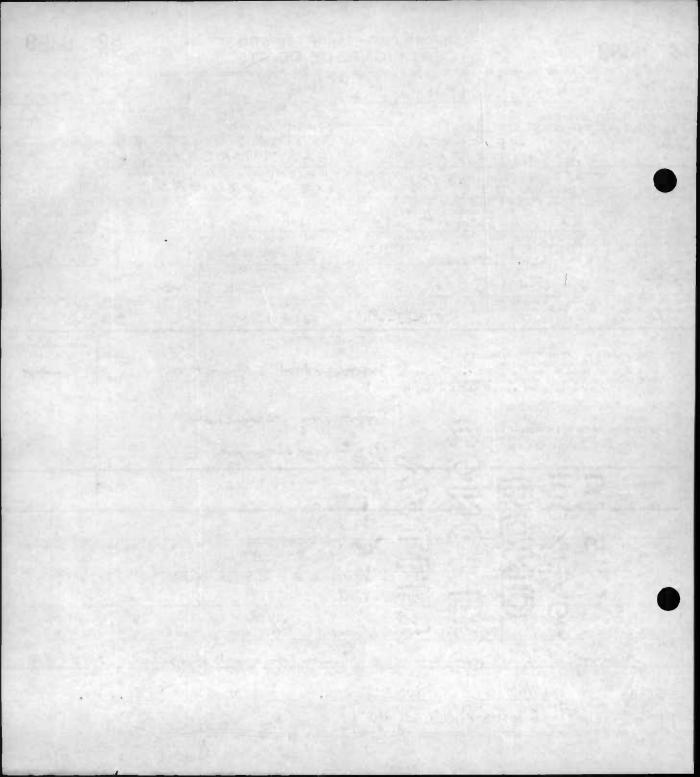
	59	6200
Registered	No	6388

-	-	 0. 1	-

BIRTH NO.			EKTII ICATI	E OF DEATH		
1. NAME OF DECEAS (Type or Print)	Caroly	n N.	Crowley	,	2. DATE OF DEATH July	8 1952
Baltimore City, I	Iaryland			4. USUAL RESIDENCE (Where deceased lived I	institution; residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION		al or institutio	n, give street address or location)	c. CITY OR TOWN	If outside corporate imi	ts Write RURAL and give
marylans	e genr	el dt	ospital	Baltimore	0	township)
c. Length of stay in	Raltimore		Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
	OR OR RACE	7. SINGLE. WIDOWE	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year on this Days Hours Min.
10A. USUAL OCCUPAT	Tolk TON (Givekinde)		OF BUSINESS OR	July 22 1870 11. BIRTHPLACE (State or	foreign country)	L to CITIZEN OF
ork done during mest of working	(Te, even if retired)	Our	INDUSTRY	Company and a	ioreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		0.40	A MORALE	14. MOTHER'S MAIDEN	NAME	America Can
Louis h	attha	ei		Slinabet	e Eckh	andt
15. WAS DECEASED EVER Yes, no or nnknown) (If y	R IN U.S. ARMEI	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
18. 420.1			CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR	CONDITION	DIRECTLY	1-			ONSET AND DEATH
(This does not m	ean the mode of	of dying, e.g.,		ioschrotie ca	dis vascul	?
injury or compli				ese à cardi	a decorper	actor
ANTE	CEDENT CAUS	SES	m			2
DISEASES OR C	ONDITIONS, I	F ANY, GIVING	(B)			
UNDERLYING	CONDITION LA	AST.	2 002 10			
			(C)		***************************************	
OTHER SIGNIF						
19A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AUTOPSY?
4						YES NO
21a. ACCIDENT, SI HOMICIDE (Spe			CE OF INJURY (e. g., i m, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
21D. TIME (Month)	(Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
INJURY			HILE AT NOT WHILE			
22. I hereby cert	ify that I att			ne 13 , 1952, to	July 8 , 195	2, that I last saw the
deceased alive on			nd that death occur	red at 12:15 P.m., from	the causes and on t	
23A. SIGNATURE		p.	2	3B. ADDRESS	0 11 :	23c. DATE SIGNED
24A. BURIAL, CARMA	Z4B. DATE	Que	M. D. 4c. NAME OF CEMETE	RY OFCREMATORY 240.	LOCATION (City, town	(State)
BUALLE PROJECT	7/101	52	Mt. C	Pliant	Bost	md-
DATE RECEIVED BY	REGISTRAR	S SIGNATUR		25. FUNERAL DIRECTOR	R	ADDRESS
JUL 9 - 1957	untingto	~ Willi	aus MP	1- Cook Inc.	1217 St. 18es	el et.



5/2 BI	34V 2 6389 erth No.				EALTH DEPARTMENT E OF DEATH	Registered No	2 6389
(T		LBUR W	ALT	ER HURL		I DEATH	5-52
A.	Baltimore City,	Maryland			4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	nstitution: residence before admission
	SPITAL OR UNITALISM			on, give street address or location)		outside corporate limits,	Write RIII AL and give
IN	ISTITUTION V/		SPIT		BALTIMOR	E-10 6	township
c.	Egth of stay in	,		TIME Yrs. Mos. Days	D. STREET ADDRESS (If		PARKWAY
5.			WIDOW	MARRIED, ED, DIVORCED (Specify)	8, DATE OF BIRTH	9. AGE (in years) If U	
10	A. USUAL OCCUPA doceduring most of working	TION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)	2. CITIZEN OF
WOII	PETIR	E DAgt	Insura	INDUSTRY	MARYLAI	ND	USA
33	FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
_/	KAWLI				KATEE	VANS	
(Ye	NO Or unknown) (If	R IN U. S. ARMED I	FORCES? of service)	16. SOCIAL 212-01-3548	17. INFORMANT WIFE		DRESS AME
	18. 420.1		5,523	CAUSE	OF DEATH		INTERVAL BETWEEN
		CONDITION D		la.		, .	4/ 0
	(This does not r	nean the mode of	dying, e.g.	. Much	mendual ludam	eteon	1 4 days
	injury or comp	henia, ctc. It means lieation which cau	the disease used death.		1		
	injury or eomp	henia, ctc. It means lieation which cau CEDENT CAUSE	used death.				7
NO	injury or eomp	CEDENT CAUSE	used death.	DUE TO	onary occlusi	<i>-</i> -	
ATION	injury or eompl ANTE DISEASES OR (RISE TO THE AB	ieation which cau	used death. S ANY, GIVING) DUE TO	onary occlusi	<u>on</u>	
IFICATION	injury or eompl ANTE DISEASES OR (RISE TO THE AB	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST	used death. S ANY, GIVING) DUE TO	onary occlusi	<u>~~</u>	
RTI	injury or compl ANTE DISEASES OR (RISE TO THE AB UNDERLYING OTHER SIGNIF	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST	ANY, GIVING THE	(B) COT	onany occlusi tanus clerosis		
CERTIFICATION	Injury or compl ANTE DISEASES OR (RISE TO THE AB UNDERLYING OTHER SIGNIF TRIBUTING TO T	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST	ANY, GIVING THIT.	(B) COTO	onary occlusions taxus clerosis	<u>~</u>	
L CERTI	Injury or compl ANTE DISEASES OR (RISE TO THE AB UNDERLYING OTHER SIGNIF TRIBUTING TO T	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST II TICANT CONDIT! HE DEATH, BUT NO ON CONDITION C	used death. S ANY, GIVING THE TONS CON OT RELATEL CAUSING IT	(B) COTO	tans levis		20. AUTOPSY
DICAL CERTI	Injury or eompl ANTE DISEASES OR OR RISE TO THE AB UNDERLYING OTHER SIGNIFICATION TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT VLYING OR CON	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST CICANT CONDITI HE DEATH, BUT NO OR CONDITION C ERATION 198 VAS UNDER-	ANY, GIVING THIT. SONS CON OT RELATELY BE MAJOR 218. PLA	(B) COTO	o or 21c. WHERE DID (I	f in Baltimore City, giv	YES NO
L CERTI	Injury or compliance of the ANTE DISEASES OR CRISE TO THE ABUNDERLYING OTHER SIGNIFICATION TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT V LYING OR CONCAUSE OF DEAT	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST CICANT CONDITI HE DEATH, BUT NO COR CONOUTION CERATION 198 VAS UNDER- ITRIBUTING	IONS CON OT RELATE LE CAUSING IT B. MAJOR	(B) COME TO (C)	o or 21c. WHERE DID (I		YES NO
DICAL CERTI	Injury or eompl ANTE DISEASES OR OR RISE TO THE AB UNDERLYING OTHER SIGNIFICATION TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT VLYING OR CON	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST CICANT CONDITI HE DEATH, BUT NO COR CONOUTION CERATION 198 VAS UNDER- ITRIBUTING	IONS CON OT RELATED EAUSING IT B. MAJOR 21B. PLA about home, fa	(B) (B) (C) (C) (C) (C) (C) (C)	o or 21c. WHERE DID (I INJURY OCCUR?		YES NO
DICAL CERTI	Injury or compliance of injury or compliance of the AB UNDERLYING OTHER SIGNIF TRIBUTING TO TO THE CISEASE 19A. DATE OF OPI 21A. ACCIDENT V. LYING OR CONCAUSE OF DEATH 21D. TIME (Month OF INJURY)	CEDENT CAUSE CONDITIONS, IF ADDRESS (A) SECONDITION LAST CONDITION LAST CONDITION COND	IONS CON OT RELATED LAUSING IT About home, fa brunn, w	FINDINGS OF OPER CE OF INJURY (e.g., iv., factory, street, office bldg., c., iv., factory, street, office bldg., iv., factory, street, office bldg., iv., factory, st	o or 21c. WHERE DID (I INJURY OCCUR?	OCCUR?	20. AUTOPSYY YES NO ve exact location)
DICAL CERTI	Injury or complement of injury or complement of the AB UNDERLYING OTHER SIGNIF TRIBUTING TO TO THE OISEASE 19A. DATE OF OPICE 21A. ACCIDENT VEYING OR CONCAUSE OF DEATH 21D. TIME (Month OF INJURY)	CONDITIONS, IF ADDRESS OF CAUSE (A) S CONDITION LAST CONDITION LAST CONDITION COR CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITIO	IONS CON OT RELATED ADJUST BE MAJOR 218. PLA about home, fa	FINDINGS OF OPER CE OF INJURY (e.g., in the content of the conten	ED 21F. HOW DID INJURY	7 - 8 , 1952	20. AUTOPSYY YES NO ve exact location) that I last saw the
DICAL CERTI	Injury or compliance of injury or compliance of the AB UNDERLYING OTHER SIGNIF TRIBUTING TO TO THE CISEASE 19A. DATE OF OPI 21A. ACCIDENT V. LYING OR CONCAUSE OF DEATH 21D. TIME (Month OF INJURY)	CONDITIONS, IF ADDRESS OF CAUSE (A) S CONDITION LAST CONDITION LAST CONDITION COR CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITIO	IONS CON OT RELATED ADJUST BE MAJOR 218. PLA about home, fa	GEOUE TO (C) FINDINGS OF OPER CE OF INJURY (e.g., it was, factory, street, office bldg., e.g., it work HILE AT NOT WHILE AT WORK deceased from 7 and that death occur	o or 21c. WHERE DID (I INJURY OCCUR?	7 - 8 , 1952	20. AUTOPSYY YES NO ve exact location) that I last saw the
MEDICAL CERTI	Injury or eompl ANTE DISEASES OR CRISE TO THE AB UNDERLYING OTHER SIGNIF TRIBUTING TO T TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT V LYING OR CON CAUSE OF DEAT 21D. TIME (Month OF INJURY) 22. I hereby cert deceased alive of 23A. SIGNATURE	CONDITIONS, IF ADDRESS OF CAUSE (A) S CONDITION LAST CONDITION LAST CONDITION COR CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITIO	ANY, GIVING THIT. BONS CON OT RELATE LEAUSING IT B. MAJOR 218. PLA about home, fa Hour) 2 m. ded the case of t	GEOUE TO (C) FINDINGS OF OPER CE OF INJURY (e.g., it was, factory, street, office bldg., e.g., it work PLE. INJURY OCCURRING WORK AT WORK deceased from 7 and that death occur M. D.	21c. WHERE DID (INJURY OCCUR? ED 21f. HOW DID INJURY 1952, to red at 10:53 Am., from to 38. ADDRESS	7-8, 1955, he causes and on the	ve exact location) that I last saw the date stated above 23c. DATE SIGNED 7-8-52
MEDICAL CERTI	Injury or eompl ANTE DISEASES OR OR RISE TO THE AS BUNDERLYING OTHER SIGNIF TRIBUTING TO TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT V LYING OR CON CAUSE OF DEATI 21D. TIME (Month OF INJURY) 22. I hereby cert deceased alive of 23A. SIGNATURE 1A. BURIAL, CREMA N, REMOVAL (Specify,	CEDENT CAUSE CONDITIONS, IF A CONDITIONS, IF A CONDITIONS, IF A CONDITION LAST CONDITION LAST	ANY, GIVING THIT. BONS CON OT RELATE LEAUSING IT B. MAJOR 218. PLA about home, fa Hour) 2 m. ded the case of t	FINDINGS OF OPER CE OF INJURY (e.g., interm, factory, street, office bldg., or office bldg	21c. WHERE DID (I INJURY OCCUR? ED 21f. HOW DID INJURY - 4 ,1952, to red at 10:53 Am., from the control of t	7-8, 1955, he causes and on the	that I last saw the date stated above 23c. DATE SIGNED 7 - \$ - \$ 2 recounty) (State)
MEDICAL CERTI	injury or eompl ANTE DISEASES OR GRISE TO THE AB UNDERLYING OTHER SIGNIF TRIBUTING TO TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT VLYING OR CONCAUSE OF DEATH 21D. TIME (Month OF INJURY) 22. I hereby cert deceased alive of 23A. SIGNATURE A. BURIAL, CREMA ON, REMOVAL (Specify Burial)	CEDENT CAUSE CONDITIONS, IF A OVE CAUSE (A) S CONDITION LAST CONDITION LAST CICANT CONDITION C	ANY, GIVING THIT. BONS CON OT RELATE LEAUSING IT B. MAJOR 218. PLA about home, fa Hour) 2 m. ded the case of t	GEOUE TO (C) FINDINGS OF OPER CE OF INJURY (e.g., it was, factory, street, office bldg., e.g., it work PLE. INJURY OCCURRING WORK AT WORK deceased from 7 and that death occur M. D.	21c. WHERE DID (INJURY OCCUR? ED 21f. HOW DID INJURY - 4 ,1952, to red at 10:53 Am., from the CBB. ADDRESS LY OR CREMATORY 24D. LO Cem. Quee	7-8, 1955, he causes and on the	that I last saw the date stated above 23c. DATE SIGNED 7 - 8 - 52 r county) (State)
MEDICAL CERTI	injury or eompl ANTE DISEASES OR GRISE TO THE AB UNDERLYING OTHER SIGNIF TRIBUTING TO TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT VLYING OR CONCAUSE OF DEATH 21D. TIME (Month OF INJURY) 22. I hereby cert deceased alive of 23A. SIGNATURE A. BURIAL, CREMAN, REMOVAL (Specify, Burial	CEDENT CAUSE CONDITIONS, IF A CONDITIONS, IF A CONDITIONS, IF A CONDITION LAST CONDITION LAST	ANY, GIVING THIT. BONS CON OT RELATE LEAUSING IT B. MAJOR 218. PLA about home, fa Hour) 2 m. ded the case of t	FINDINGS OF OPER CE OF INJURY (e.g., interm, factory, street, office bldg., or office bldg	21c. WHERE DID (I INJURY OCCUR? ED 21f. HOW DID INJURY - 4 ,1952, to red at 10:53 Am., from the control of t	7-8, 1955, he causes and on the	that I last saw the date stated above 23c. DATE SIGNED 7 - \$ - \$ 2 recounty) (State)
MEDICAL CERTI	Injury or eompl ANTE DISEASES OR OR RISE TO THE ABUNDERLYING OTHER SIGNIF TRIBUTING TO TO THE OISEASE 19A. DATE OF OPI 21A. ACCIDENT ALYING OR CONCAUSE OF DEATI 21D. TIME (Month OF INJURY) 22. I hereby cert deceased alive of 23A. SIGNATURE AND REMOVAL (Specify BURIAL) ATE RECEIVED BY	CEDENT CAUSE CONDITIONS, IF A CONDITIONS, IF A CONDITIONS, IF A CONDITION LAST CONDITION LAST	ANY, GIVING THIT. BONS CON OT RELATE LEAUSING IT B. MAJOR 218. PLA about home, fa Hour) 2 m. ded the case of t	FINDINGS OF OPER CE OF INJURY (e.g., interm, factory, street, office bldg., or office bldg	21c. WHERE DID (INJURY OCCUR? ED 21f. HOW DID INJURY - 4 ,1952, to red at 10:53 Am., from the CBB. ADDRESS LY OR CREMATORY 24D. LO Cem. Quee	7-8, 1955, he causes and on the	that I last saw the date stated above 23c. DATE SIGNED 7 - 8 - 52 r county) (State)

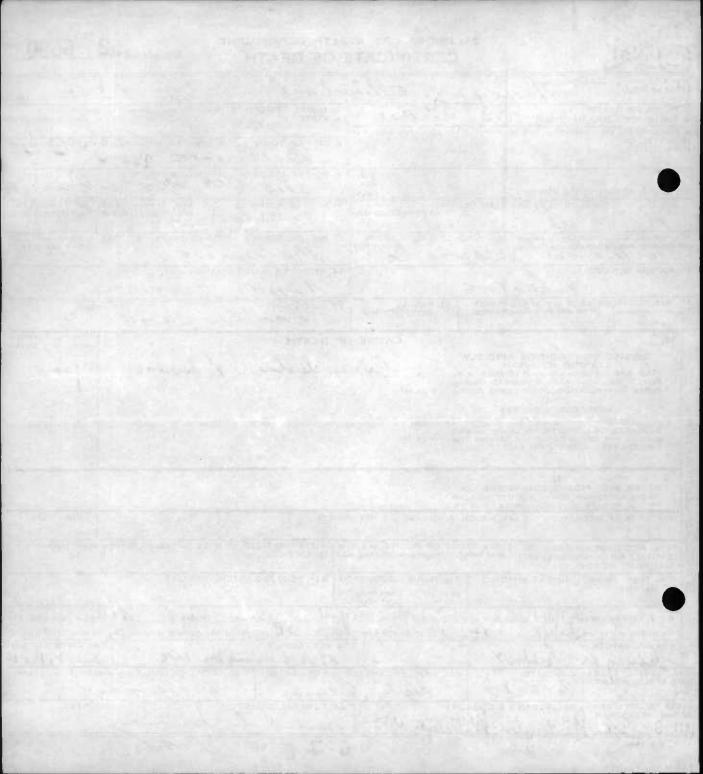


1	5
2	6390
BI	RTH NO.
1.	NAME OF D

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered 52 6390

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	0000
Type or Print) HENRY	N. Ellin	ghaus	2. DATE OF DEATH	1.50
3. PLACE OF DEATH: a. Baltimore City, Maryland 38/3	4th AU E.	4. USUAL RESIDENCE (W		stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR NSTITUTION	tion, give street address or location)	c. CITY OR TOWN (If		grito BURAL und give to waship)
h,	Yrs.	D. STREET ADDRESS (If	rural, give location)	11. 1
E. Bength of stay in Baltimore	Mos, Days	3813 40	1	Unqueas A
M. WIDON	E. MARRIED, WED, DIVORCED (Specify)	1. 13. 18/3.	9. AGE (In years liftle last birthday) Mont	hs Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIN ork done during most of working life, eyen if retired) EEEERIEIAN	D OF BUSINESS OR MOUSTRY	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Theodore		14. MOTHER'S MAIDEN NA	REUWER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (15 yes, no or nuknown) (15 yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	g., (A) Graces, se, se, h.) DUE TO	usclentin C. Y	diserre	yens
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
19A. DATE OF OPERATION () 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
2 IA. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home	ACE OF INJURY (e. g., in , farm, factory, atreet, office bldg., e	or 21c. WHERE DID (Inte.) INJURY OCCUR?	f in Baltimore City, giv	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRI	21F. HOW DID INJURY	OCCUR1	
22. I hereby certify that I attended the	e deceased from	ed at 7 m., from to 3B. ADDRESS 4700 Imma RY OR CREMATORY 24b. L	he eadses and on the	23c. DATE SIGNED LLL S, 195 b r county (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR 111 9 - 1952	URE MOTE	25. FUNERAL DIRECTOR	Secleres -	ADDRESS
VS 150	Will Company	1300	TAL	



543

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 52 6391

	ME OF D	ECEAS	ED	-			2. DATE	
(Type	or Print)		J.	AMES A.	DONALDSON		OF DEATH 7/7/	52
	ACE OF D		forwland 7	OOT HAM	OTTED CM	4. USUAL RESIDI	ENCE (Where deceased lived, If i	
	LL NAME		I aryland 3		on, give street address or	MD.	B. COUNTY	before admission)
HOSP	ITAL OR TUTION				location)	C. CITY OR TOWN	(If outside corporate lim is	welle MANAL and give
111311	TOTTON					BALTIMOR		township)
					Yrs.		ESS (If rural, give location)	
c Le	noth of s	tav in	Baltimore		Mos.	SROT HANG	OVER STREET	
5. SE.			OR OR RACE		Days Days	8. DATE OF BIRTH		Under I Year If Under 24 Hours
M			W	WIDOW	ED, DIVORCED (Specify)	3/26/1890	last birthday) Mor	Under I Yaar If Under 24 Hours 1ths Days Hours Min.
10A. L	JSUAL OC	CUPAT	ON (Give kind of life, even if retired)	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
	EN. COI			SELF	INDUSTRY	BALTIMORE		WHAT COUNTRY?
	ATHER'S				unt.	14. MOTHER'S MA	IDEN NAME	
			JAMES A	A .	9079	MARY A. EDI	MADDO	
15. W.	AS DECEASI	ED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL			
Үез, по	or unknown)	(If ye	www # I	of service)	SECURITY NO.	17. INFORMANT FAMILY - SA		DRESS
			νιν ₇₇ Ι		-		ZM E	
18	. 422	2,2	1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADI	CONDITION I	H		L. Sil	al luni	
	(This does	not me	an the mode o	f dying, e.g	, (A)		n of lung	******
	injury or	complie	ation which c	aused death.				
		ANTEC	EDENT CAUS	ES	Adad	0		
z					(B) /V4 9 (releçan con	au r muyers c	
2	DISEASES	HE ABO	ONDITIONS, IF VE CAUSE (A)	ANY, GIVIN	G E DUE TO	4. W R	dis + muffic	******
<	UNDERLY	ING C	ONDITION LA	ST.		p on real	The same of the sa	
2					(C)			******
	Mail		H					
<u> </u>	OTHER S	IGNIFI	CANT CONDITE DEATH, BUT	TIONS CON				
5			OR CONDITION					
1 19	A. DATE C	F OPE	RATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
5 -				1 04- 5-4		1	7	YES NO
J L	YING OF	CONT	RIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			ive exact location)
21		(Month)	(Day) (Year)	(Hour)	TE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	INJURY			У	HILE AT NOT WHILE			
				m.	WORK AT WORK		7. 7 51	
				ended the	deceased fromand that death occur	1 1937	, to 7. 1 , 1952	, that I last saw the
1-	eeased a		7- 1	, 1957	and that death occur	red atm.	, from the eauses and on th	
23	BA. SIGNA	TURE	Eucen	. 6	1: 910	3904 S	House.	23c. DATE SIGNED
24.	BILDIAL	PENA	7	-	M. D.		242 LOCATION (City town	. 27
TION, I	BURIAL (S	pecify)	248. DATE				24D. LOCATION (City, town,	or county) (State)
	В		7/11/52		BALTIMORE NA		BALTIMORE, MARY	YLAND
DATE	RECEIVE	D BY	REGISTRAR'S	SIGNATU	RE	25. FUNERAL DIR	ECTOR	ADDRESS
J	JL 9 -	1952	that	iton !	Villiama MED	JAMES L. N	MCCULLY - 130 EAST	FORT AVENUE
	VS 150			0		6.38	0	
				_		0 A W 2/	£ 3	

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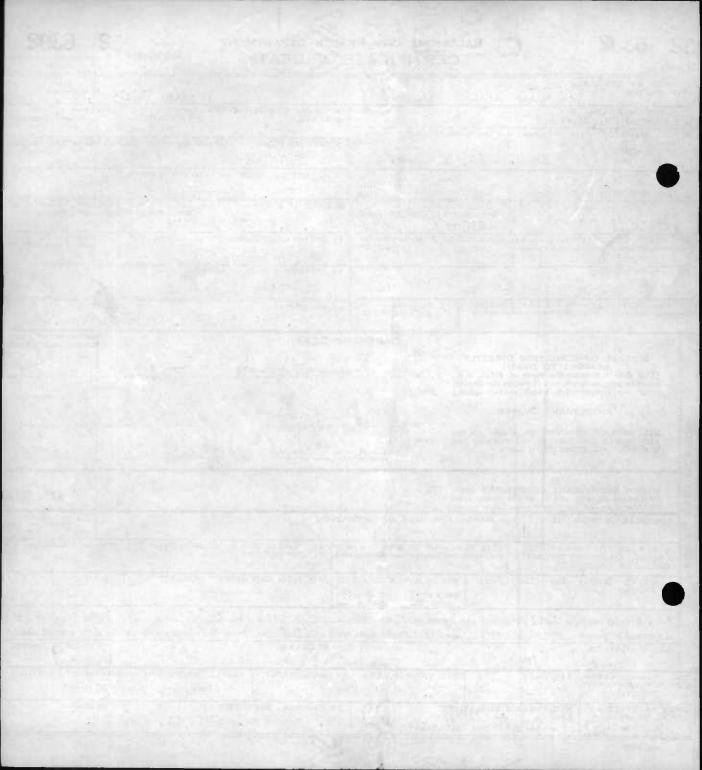
6	23
52	6392

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6392

. NAME OF DEC	EASED				2. DATE		
Type or Print)	Elizabeth	Wright.			DEATH JE	uly 9, 1952	
B. PLACE OF DEA	TH:			4. USUAL RESIDENCE (V			enee mission)
FULL NAME OF		al or instituti	on, give street address or location)		10	105	
NSTITUTION	20 m	T 0-			outside corpolate	mits, white NORAL	and give
1	18 E	Laray	ette Ave.	Paltimore			
. Length of stay	v in Raltimore		Yrs. Mos.	D. STREET ADDRESS (If			
	COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years	If Unday 1 Year If Und	let 24 Hours
Female	White	Widow	ED, DIVORCED (Specify)	Nov. 5, 1877	last birthday)	Months Days Hour	es Min.
	PATION (Give kind of orking life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Pennsylvania	oreign country)	12. CITIZEN C WHAT CO	
3. FATHER'S NAI				14. MOTHER'S MAIDEN N	AME		
	Joseph Buski	rk		Caroline Laba			
5. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ou, no or unanowny	(11) 51, 21, 51, 51		SECORITI NO.	Jos. Wright	IS E. Lafa	yette Ave.	
18. 44 Y	14	F-1	CAUSE	OF DEATH		INTERVAL E	
	OR CONDITION	DIRECTLY	0 0	1. 1- 0 1- 15	1	ONSET AND	DEATH
L	EADING TO DEAT	TH .	Mrs C	de trust status	eld model	W 2-1	lys.
heart failure,	asthenia, etc. It mea	ns the diseas	е,		*******************************	**************************************	
injury or co	mplication which e	aused death	.) DUE TO	1		1,	
AN	NTECEDENT CAUS	ES	whi	In fellowing		Mean	1
DISEASES C	R CONDITIONS, II	F ANY. GIVIN	(B)				
RISE TO THE	ABOVE CAUSE (A)	STATING TH	E DUE TO	· hill to 11.		Ala	
SI	IG CONDITION EX	51.	(c)	- 10 mm	fleller	- 7	
	**			0			MINISTER PROPERTY.
	NIFICANT CONDI						
	O THE DEATH, BUT						
		The same of the sa	FINDINGS OF OPER	RATION		20. AUT	PSY7
(-					YES	NO .
21A. ACCIDEN LYING OR C CAUSE OF DE	T WAS UNDER DONTRIBUTING	21B, PLA about home, i	ACE OF INJURY (e. g., i arm, factory, street, office bidg.,	n or 21c. WHERE DID (otc.) INJURY OCCUR?	If in Baltimore Cit	ty, give exact locati	ion)
21p. TIME (Me	onth) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
INJURY	-		WHILE AT NOT WHILE				
		m.	WORK AT WORK		1 0	CO 1.	
22. I hereby	certify that I att	ended the	deceased from	, 194 to		Sthat I last	
deceased aliv		, 19 5 }	and that death occur		he couses and or	n the date stated	
23A. SIGNATU	n tul	Fa	eter M.D.	23B. ADDRESS 2824 ST. Paul	14	July 5	- J Z
24A. BURIAL, CRI	EMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24D. L	OCATION (City, to	wn, excounty)	(State)
Removal (Spe	7-10-52		St. John's C		Bangor, Per		
DATE RECEIVED LOCAL REGISTRA	BY REGISTRAR	SSIGNATI	11:	25. FUNERAL DIRECTOR	OTO CL D.	ADDRESS	
1111 9 - 19	52 Thurting	lon IV	Macus My	Wm. Cook Inc.]	ZI/ St. Pal	IT SO.	
VS 150	0	1 41	tions to	0 0 0 7			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE archie B (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased Wed, If Institution : residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 26 location) (If outside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRESS (If fural, give location) Mos. /4 - Days c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 9. AGE (In years | Il Under | Year | It Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify marina 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY NA 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 217-14-2880 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

HOMICIDE (Specify)

21A. ACCIDENT, SUICIDE,

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE

June 24, 195 2 to July 9 . 196 What I last saw the ., 1952, and that death occurred at 1 2 m., from the causes and on the date stated above. 23c. DATE SIGNED

22. I hereby certify that I attended the deceased from_ deceased alive on July 23A. SIGNATURE

23B. ADDRESS 404 E. North

		4000
24A.	BURIAL	CREMA
TION	REMOVAL	s(Specify)

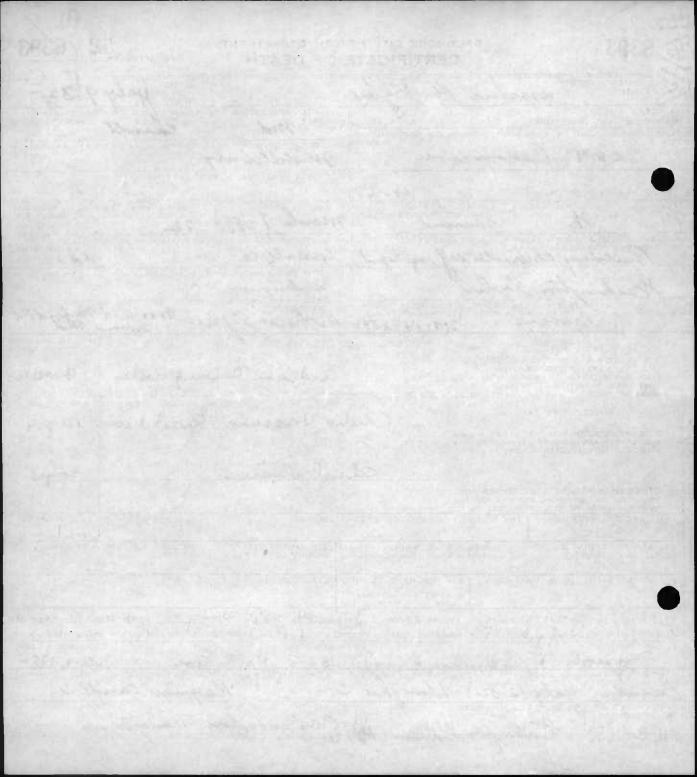
24c. NAME OF CEMETERY OR

M. D.

RECEIVED BY

20. AUTOPSY

EGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6394

Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	registered	140,	
1. NAME OF DECEASED			2. DATE		
(Type or Print) Mrs Barbara H	off		OF July	7, 19	52
3. PLACE OF DEATH:		4. USUAL RESIDENCE (W	here deceased lived. I	f institution:	residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)	ion, give street address or	A. STATE Marvlai	a. COUNTY	pero	re admission)
HOSPITAL OR	location)		outside corporate limi	its, write RU	RAL and give
Bon Secours Hospi	tal	Baltimore	40		township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)		
c. It gth of stay in Baltimore	Mos. Days	15 N. Payson	St. zone 23		
5. SEX 6. COLOR OR RACE 7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year	If Under 24 Hours
Female White Marri	ED, DIVORCED (Specify)	3/21/80	last birthday) M	onths Days	Hours Min.
10A. USUAL OCCUPATION (Givekind of) 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZ	
work done during most of working life, even if retired) HOUSEWITE MOMEN	INDUSTRY	Baltimore, Md.		WHAT	COUNTRY?
13. FATHER'S NAME	44.4.4.4	14. MOTHER'S MAIDEN NA	AME		
Nicholas Batz		Mary Wunder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL				
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
		Mr. Joseph J. Ho:	ų.	Same	AL BETWEEN
18. 443X 1	CAUSE	OF DEATH			AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Times				
(This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the discase	(A)HV	pertensive Cardio	o vascular E	dema	
injury or complication which caused death.					
ANTECEDENT CAUSES				77	
z	(B)	***************************************	****		
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH					
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	(C)				
OTHER SIGNIFICANT CONDITIONS CON					
TRIBUTING TO THE DEATH, BUT NOT RELATE	D				
19A, DATE OF OPERATION OL 19B, MAJOR	FINDINGS OF OPER	ATION	· · · · · · · · · · · · · · · · · · ·	120.4	AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH				YES	No X
21A. ACCIDENT WAS UNDER- 21B. PLA	CE OF INJURY (e. g., in		f in Baltimore City,		
LYING OR CONTRIBUTING about home, for CAUSE OF DEATH	arm, factory, street, office bldg., e	etc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
QF INJURY	WHILE AT NOT WHILE				
m.	WORK AT WORK		- ~		
22. I hereby certify that I attended the	deceased from Z	- 5 1952 to	7- 7, 19		
deceased alive on 7 - 7 , 19 5 2 (and that death occur	red at	he causes and on		
		3B. ADDRESŚ		23c. DA	TE SIGNED
Milliam a. Villa 24A. BURIAL, CREMA- 24B. DATE	M. D.	RY OR CREMATORY 240. LC	OCATION (City, town	or county)	(State)
TION, REMOVAL (Specify)	0				
Burial July 11,52	New Cathe		Baltimore		Md.
DATE RECEIVED BY REGISTRAR'S SIGNATU	/// / / / / / / / / / / / / / / / / /	25. FUNERAL DIRECTOR		ADDRES	5
JUL 3 1304 Thurtington 1	Velleacus, My	Lelleryell	Duna	con)
VS 150	5 2 4	4600 Liberty	Heights A	ve.	&

H81-019-445

PrudentialMormont \$16314
Thetro-90599659
69518998F03721

52 6395 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Yrs. (If rural, give loc tion) Mos. c. Length of stay in Baltimore Days AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Glvekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MACHINE OPERATOR 13. FATHER'S NAME CLOTHIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PORONARY THROMBOSIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

ERTIFICATION OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY

19A. DATE OF OPERATION

21D. TIME (Month) (Day) (Year) (Hour)

218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

NOT WHILE

AT WORK

WORK 22. I hereby certify that I attended the deceased from_

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

1952 to 7/2, 1954 that I last saw the Mm., from the causes and on the date stated above. 195 Z and that death occurred at 238. ADDRESS 23c. DATE SIGNED

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

244 BURIAL, CREMA-248. DAT DATE RECEIVED BY REGISTRAR'S SIGNATUR

deceased alive on //

23A, SIGNATURE

VS 150

LOCAL REGISTRAR 1111 9 - 1952

WHILE AT

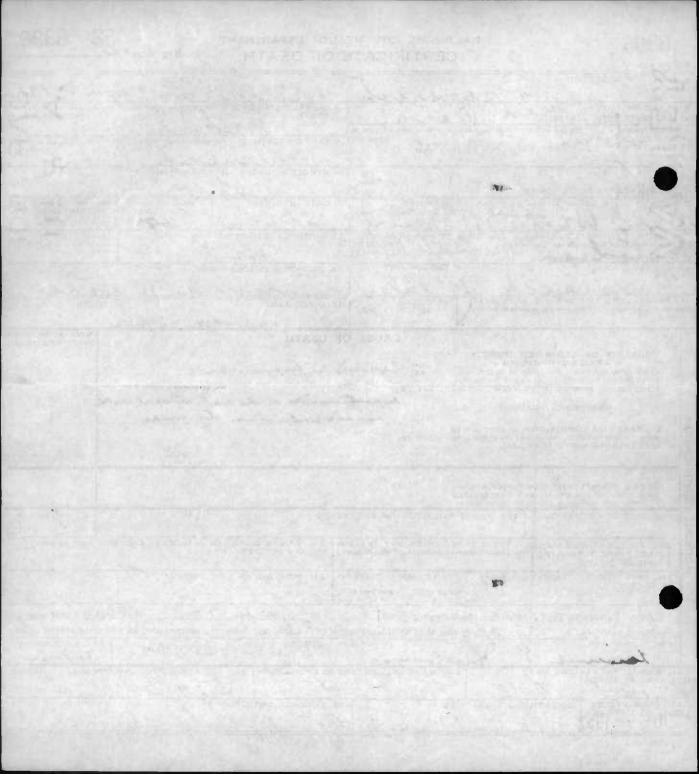
25. FUNERAL DIRECTOR ADDRESS

M-460 6396

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Frederich Willis 2. DATE OF DEATH &	ch A, 1952
A. Baltimore City, Maryland B. COUNTY B. COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JOHNS HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate lim	its, write RURAL and give
Veneca	ark township)
Yrs. Mos. Days Days Days	0 6500
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours In Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekiodof 10B. KIND OF BUSINESS OR NOUSTRY NOUSTRY NOUSTRY NOUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Treslevich Willes Emma K	is before
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
JOHNS HOPKINS HOSPIT	INTERVAL BETWEEN
18. 443 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
Horaco Francisco and a Francisco de	-
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(С)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AVTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City,	give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 6 - 36 - , 1952 to 7 - 8 - , 1952 deceased alive on 2 - 8 - , 1952 and that death occurred at 8:50 m. from the causes and on	the date stated above
23A. SIGNATURE 23B. ADDRESS OHNS HOPKINS HOSPITAL	23c. DATE SIGNED
M. D.	1-1-3
240. NAME OF CENTERY OF CREMATORY 240. LOCATION (City, tow	n, or county) (State)
24A. BURIAL, CREMA- TION REMOVAL (Specify) 7/11/52 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, tow	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1952 195	ADDRESS S Factor &



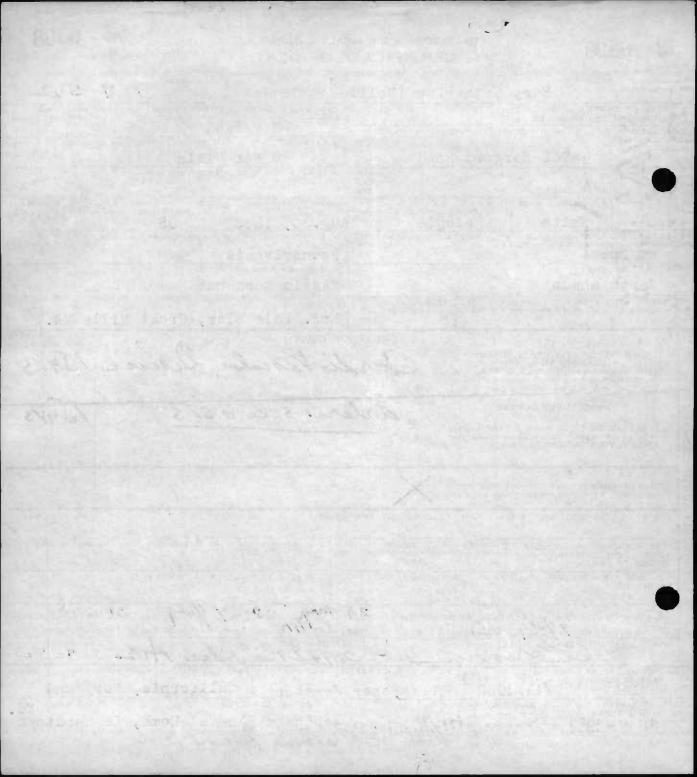
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Boby Boy DEATH 4. USUAL RESIDENCE (Where deceased lived, Ministitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Mary (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Univ. Hosp Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. > wansla c. Length of stay in Baltimore Days 7 SINGLE, MARRIED. 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 11. BIRTHPLACE (State or foreign equntry) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Child 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS, OF OPERATION 19A. DATE OF OPERATION Mesontario 6-10-52 NJURY OCCUR? (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE 22. I hereby certify that I attended the deceased from July 1, 1952 to Ledy, 8, 1952 that I last saw the deceased alive on Jely, 8, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS mothy M. D. 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 240. LOCATION (City, town, or country) 24B. DAZEY BURIAL 25. EDNERAL DIRECTOR DDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6398
wistared No	

	KIR NO.						
	NAME OF D ype or Print)		Cathe	rine (Molli	e) Shade	OF DEATH 7-	9-52
3. PLACE OF DEATH: A. Baltimore City, Maryland					A. STATE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			Maryla	KIN A	Marie		
INSTITUTION 4700 Harford Road			c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)		
1	4	4700 na	riora		Great		V
c.	heigth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	700
5.	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year If Under 24 Hours onths: Days Hours: Min.
1	emale	white		ngle	Aug.30, 1866	85	ntins Days Hours Win.
10	A. USUAL OC	CUPATION (Give kind of of worklog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
WOI	at ho			INDUSTRY	Pennsylvania		WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN		
	James	Shade			Massis Auras	indt.	
15	. WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		DDD000
(Ye	s, oo or uoknowo)	(If yes, give war or date	s of service)	SECURITY NO.		se, Great Mi	DDRESS
	18. 11-7	0 1		CAUCE		.so, oreat Mi	INTERVAL BETWEEN
	700	411			OF DEATH	n '	ONSET AND DEATH
		LEADING TO DEAT	TH	Can	lio Vascula	a de some	LTUNE
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the diseas	e,	as rance .		9 10 773
	injury or	complication which o	aused death				
		ANTECEDENT CAUS	SES	Anla	erio sclera	2515	1600
NO	DISEASES	S OR CONDITIONS, II	F ANY. GIVIN	()		3, 3	10913
Ĭ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
CA	ONBERE	THE CONDITION EX	.51.	(C)			
RTIFICATION		11					
RT		II IGNIFICANT CONDI					
CE		TO THE DEATH, BUT				. =	
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y:							YES NO P
EDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in farm, factory, atreet, office bldg.,		(If in Baltimore City, a	give exact location)
Σ			1				
	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE		URY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE		-10	/
	22. I hereb	y certify that Latt	m.	while at Not while at work deceased from 28	may , 195, to	9 July , 195	
	22. I hereb	y certify that I att live on Thul y	m.	while at Not while at work deceased from 28 and that death occur	mey 195 to	-10	
	22. I hereb	y certify that I att live on Thul y	ended the	while AT NOT WHILE AT WORK deceased from 28 and that death occur	may , 195, to	9 July , 195	he date stated above.
2.	22. I hereb deceased at 23A. SIGNA	y certify that I att	ended the	while AT NOT WHILE WORK AT WORK deceased from 28 and that death occur	mey , 195, to red at 1/A m., from 38. ADDRESS BOLS	9 July , 195 on the causes and on the	he date stated above. 23c. DATE SIGNED 7-9-52
	22. I hereb deceased an 23A. SIGNA:	y certify that I att live on 7 July	ended the	while AT NOT WHILE AT WORK deceased from 28 and that death occur	red at //A m., from 195. to m., from 195. ADDRESS Bolls RY OR CREMATORY 246	9 July , 195 in the causes and on the Lace As	he date stated above. 23c. DATE SIGNED 7-9-52 or county) (State)
TI	22. I hereb deceased an 23A. SIGNATA. BURIAL. (S BURIAL.)	y certify that I att live on 7 July TURE 24B. DATE Specify) 7/11/2	m. tended the 1952	while AT NOT WHILE AT WORK deceased from 28 and that death occur 24c. NAME OF CEMETE	mey 195, to red at //A m., from 138. ADDRESS POT4 E BOLS PRY OR CREMATORY 2400 Cemetery C	9 July , 195 m the causes and on the Lace Argonic LOCATION (City, town, alifornia, M	he date stated above. 23c. DATE SIGNED 7-9-52 or county) (State) (Aryland
TI-	22. I hereb deceased an 23A. SIGNA:	y certify that I att live on 7 ul TURE CREMA 24B. DATE Specify 7/11/	m. 1952.	while AT NOT WHILE AT WORK deceased from 28 and that death occur 24c. NAME OF CEMETE	mey 195, to m., from 38. ADDRESS RY OR CREMATORY 240 CEME tery 25. FUNERAL DIRECTOR	9 July , 195 m the causes and on the Lace As- b. LOCATION (City, town, california, Mor	he date stated above. 23c. DATE SIGNED 7-9-52 or county) (State) (ATY LAND ADDRESS Md.
TI-	22. I hereb deceased an 23A. SIGNA: AA. BURIAL, GON, REMOVAL (SBurial ATE RECEIVE	y certify that I att live on 7 ul TURE CREMA 24B. DATE Specify 7/11/	m. tended the 1952	while AT NOT WHILE AT WORK deceased from 28 and that death occur 24c. NAME OF CEMETE	mey 195, to m., from 38. ADDRESS RY OR CREMATORY 240 CEME tery 25. FUNERAL DIRECTOR	9 July , 195 m the causes and on the Lace Argonic LOCATION (City, town, alifornia, M	he date stated above. 23c. DATE SIGNED 7-9-52 or county) (State) (ATY LAND ADDRESS Md.
TI-	22. I hereb deceased at 23A. SIGNA. AA. BURIAL. (SON, REMOVAL (SON) ATE RECEIVED CAL REGIST	y certify that I att live on 7 ul TURE CREMA 24B. DATE Specify 7/11/	m. 1952.	while AT NOT WHILE AT WORK deceased from 28 and that death occur 24c. NAME OF CEMETE	mey 195, to m., from 38. ADDRESS RY OR CREMATORY 240 CEME tery 25. FUNERAL DIRECTOR	9 July , 195 m the causes and on the Lace As- b. LOCATION (City, town, california, Mor	he date stated above. 23c. DATE SIGNED 7-9-52 or county) (State) (ATY LAND ADDRESS Md.
TI-	22. I hereb deceased an 23A. SIGNATION REMOVAL (S BUrial ATE RECEIVE DICAL REGIST	y certify that I att live on 7 ul TURE CREMA 24B. DATE Specify 7/11/	m. 1952.	while AT NOT WHILE AT WORK deceased from 28 and that death occur 24c. NAME OF CEMETE	mey 195, to m., from 38. ADDRESS RY OR CREMATORY 240 CEME tery 25. FUNERAL DIRECTOR	9 July , 195 m the causes and on the Lace As- b. LOCATION (City, town, california, Mor	he date stated above. 23c. DATE SIGNED 7-9-52 or county) (State) (ATY LAND ADDRESS Md.



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5	6399 BALTIMORE CITY HEALTH DEPARTMENT 52 6399						2 6399
BI	BIRTH NO. 12 - 15772 CERTIFICATE OF DEATH Registered No.						0
1.	NAME OF D		LENT	2.		OF DEATH JUL	2,1952
	PLACE OF D Baltimore (MEM	PRIAL HOSP.	4. USUAL REGIDENCE	(Where deceased lived, If	institution : residence before admission)
B. HC	FULL NAME	OF (If not in hospit	al or institution	n, give street address or location)		ORN (If outside corporate limits	write PAL and aive
IN	STITUTION	IEMORIAL	HOSE	LATIC	BALTIMOR	E	township)
70	Torth of s	tay in Baltimore		Yrs. Mos.	33° + CA		75.
-	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	B. DATE OF BIRTH	9. AGE (in years)	Under I Year II Under 24 Hours
	M	W		D, DIVORCED (Specify)	6-30-52	0	D 3 Hours Min.
10 vork	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	MARY L	AND	12. CITIZEN OF WHAT COUNTRY? U. S. A
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	HENR'	Y (NO) LE	ENTZ	0/2 72.5	EVELYN	LOUISE L	ENTZ
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	NO			HONE	MOTHER	805 GL	IVER ST.
TION	(This does heart failt injury or DISEASE RISE TO T	Condition Second Property Second Property	TH of dying, e.g., ns the disease, caused death. SES F ANY, GIVING STATING THE	DUE TO	MATURI		3 dous
CA	UNDERL	YING CONDITION LA	ST.	(C)			
AL CERTIFICATION	TRIBUTING TO THE O	II SIGNIFICANT CONDI S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATED	NONE	ATION	*	20. AUTOPSY? YES NO
EDICAL		DENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., in		(If in Baltimore City, a	
ME	CAUSE OF	DEATH					
	OF INJURY	(Month) (Day) (Year)	w	1E. INJURY OCCURRI	21F. HOW DID INJU	JRY OCCURY	
	22 11			WORK LATWORK	2 10574	7-2 105	2 11-1 11-1 11
	22. I hereby certify that I attended the deceased from \$\bullet \frac{30-\text{100}}{30-\text{100}}, 19\bullet \frac{1}{30-\text{100}}, 19\bullet \frac{1}{3						
	23A. SIGNA		11	1 2	3B. ADDRESS Memo	ial Hosp.	23C, DATE SIGNED
24 TIC	A. BURIAL.	CREMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, town,	1
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	Tospelal	25. FUNERAL DIRECTO	ıR	ADDRESS
	CAL REGIST		a J	1400	20, FUNGAL DIRECTO		
-	JUL 9 - 1	952 Thurt	myton !	Villacus AMS	1 1 0 1		,
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350	EALTH DEPARTMENT / 52	0.40-
	E OF DEATH Registered No.	6400
1. NAME OF DECEASED (Type or Print)) ames Kann 5 tone	2. DATE OF DEATH UNLY	9,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If(Ins. A. STATE B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION JOHNS HOPKINS HOSPITAL		vrite RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)	-25
c. beigth of stay in Baltimore Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		hor Estates
mule White, Smale Specify)		Days Hours Min.
10A. USUAL OCCUPATION (Give kind of mork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	u.s. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT Lamber	RESS
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ental Hest Disesse	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	PATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		exact location)
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	6-26, 1952 to 7-9, 1952 t	that I last saw the
deceased alive on 7-9, 1932, and that death occur	rred at 75°C, m., from the causes and on the causes are caused and causes and on the causes are caused and causes and causes are caused and causes are caused and causes are caused and caused an	aate stated above. 23c. DATE SIGNED 7-9-52
	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
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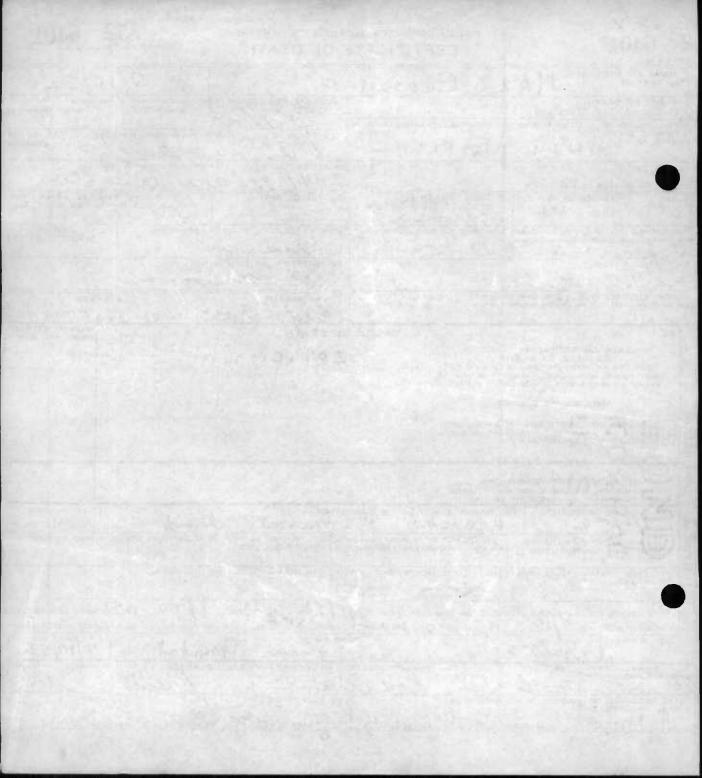
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

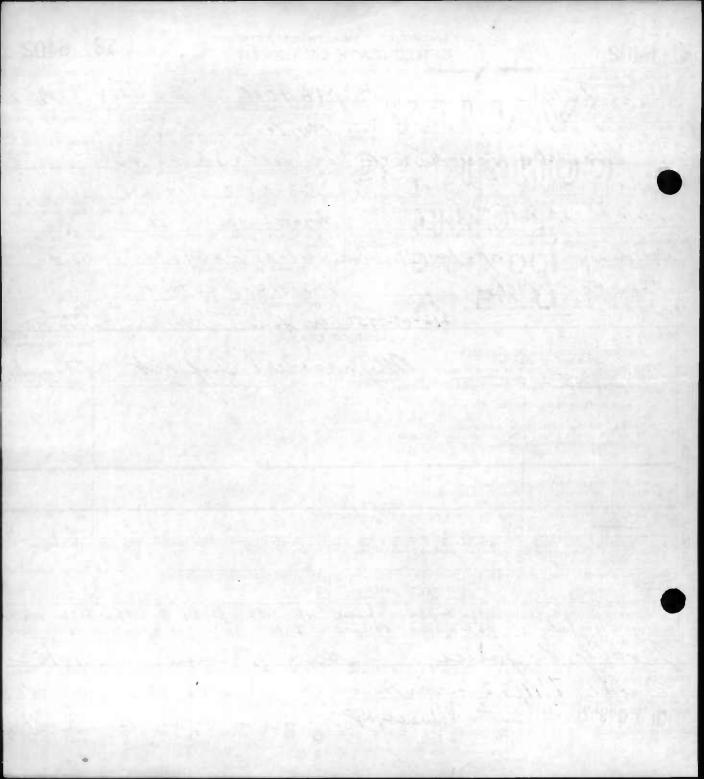
Registered No. 6401

BI	BIRTH NO.						
(T;	NAME OF D	MA	x Gre	0 55 M		2. DATE OF DEATH	10/52
A.		City, Maryland			A. STATE	B. COUNTY	If institution: residence before admission)
HC	FULL NAME SSPITAL OR STITUTION	SINAI	ltos PIT	location)	c. CITTOR TOWN	(If outside corporate lim	nits, write RURAL and give lownship)
c.	egth of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	5 aux
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIVO	ED. RCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birth lay)	Months Days Hours Min.
10 work	some daring most	CUPATION (Give kind of of working life, even if retired)	10B. WIND OF BUS	INESS OR INDUSTRY	11. BIRTAPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			7001 1	WOWK	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI	FORCES? 16. SOO s of sorvice) SEC	CIAL CURITY NO.	172 MFORMANT C	Musap -	ADDRESS PARIL HOT
	(This does	SE OR CONDITION LEADING TO DEA's not mean the mode or, astenia, etc. It mes complication which of the complication which of the complex of th	TH of dying, e.g., ns the disease, caused death.) DUE	, 5	OF DEATH EPTICIM	in	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO 1	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	(E F ANY, GIVING STATING THE DUE ST.	в) то			
CERTIF	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE (FOPERATION / 1	Adenome	4.	Prostate	Sland	20. AUTOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF I	NJURY (e. g., ,street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E, INJU	JRY OCCURR		IURY OCCUR?	
	deceased			t death occu	rred at 2 17 Am., fro	7/10,19 om the causes and on	52 that I last saw the the date stated above
	23A. SIGNA	2 miles	>	Лм. D.	23B. SDRESS	Fospital	7 105 Z
THE	A. BURIAL.	Specific 7-10	-52 24c, NAM	O LU	dale 24	D. LOCATION (City, tow	vn, or county) (State)
	ATE RECEIVE DCAL REGIST		s signature	us Mis	35. FUNERAL DIRECT	OR 7.00 E	ADDRESS R
	VS 150						

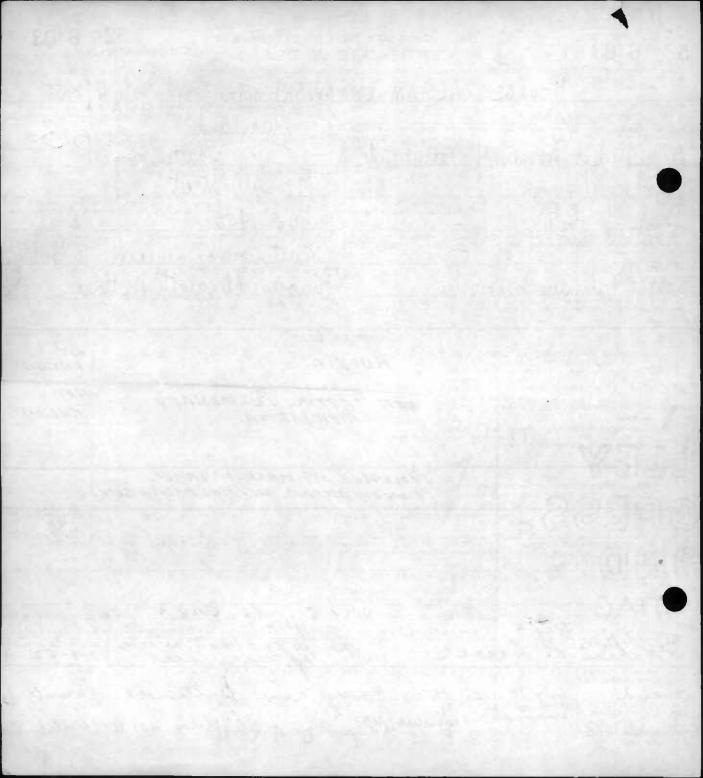


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED. 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mary/ang Anne Afunde HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) evern Yrs. O. STREET ADDRESS (If rural, give location) Mos igth of stay in Baltimore Days omerse, 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours AGE (In years last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Tatrico Mugust 3 900 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Yechan 15 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4c, lohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give war or dates of service) ADDRES6 SECURITY NO De/mo No INTERVAL BETWEEN 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from June 2 , 1952, to July . 195 4that I last saw the 1952 and that death occurred at 7 A.m., from the chuses and on the date stated above. deceased alive on feely 23c. DATE SIGNED BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) durik Taven Glen DATE RECEIVED BY REG 25. FUNERAL DIRECTOR TRAR'S SIGNATU ADDRESS

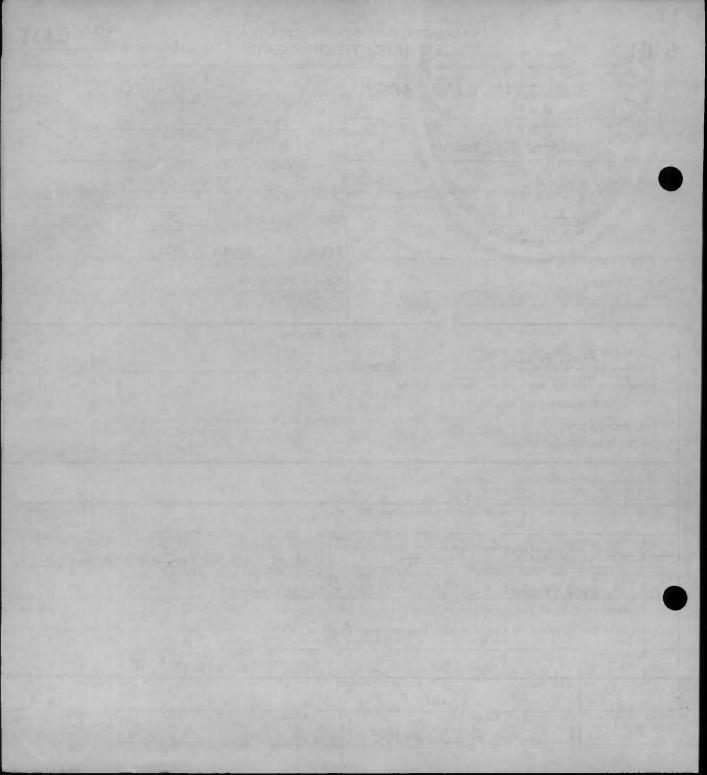
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52 BALTIMORE CITY HEALTH DEPARTMENT 52 6403				
BIRTH NO. 59-15252 CERTIFICATE OF DEATH Registered N				
1. NAME OF DECEASED FORCE WILLIAM JANOWSKI TR- 2. DATE OF DEATH SULL,	9"1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY B. COUNTY	nstitution: residence before admission)			
B.FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If gutside corporate lights)	write tural and give township)			
c. Ongth of stay in Baltimore Yrs. Mos. Days Days D. STREET ADGRESS (T. miral, give location)				
Male Hute WIDOWED, DIVORCED (Specify) July 5" 1952 last birthday) Mor	Under Year If Under 24 Hours this Days Hours Min.			
work done during most of working life, even if retired) - INDUSTRY Partitude - Maryland	12. OITIZEN OF WHAT COPNTRY!			
Scottle Puliam Janowski Jupalul Elizabeth Nat	ems			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT AD	DRESS			
18. 762.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ANOKIA	INTERVAL BETWEEN ONSET AND DEATH			
heart failure, asthenia, etc. It means the disease,				
ANTECEDENT CAUSES INTERSTIAL PULMONARY	NOT			
injury or complication which caused death.) DUE TO				
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO INTERSTIAL PULMONARY (B) EMPHYSEMA. (B) EMPHYSEMA.	KNOWN			
INTERSTIAL PULMONARY ANTECEDENT CAUSES INTERSTIAL PULMONARY (B) EMPHYSEMA. DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTAND OF LABOR PRIMARY DIERNAL INERTIA; INTERSTIAL PULMONARY (B) EMPHYSEMA. (C) (C) (C) (C) (C) (C) (C) (D) (ROLONGE) 2 ND STAGE OF LABOR PRIMARY DIERNAE INERTIA; IN	C. 20. AUTOPSY?			
INTERSTIAL PULMONARY ANTECEDENT CAUSES INTERSTIAL PULMONARY (B) EMPHYSEMA. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	ZO, AUTOPSY7			
ANTECEDENT CAUSES ANTECEDENT CAUSES INTERSTIAL PULMONARY (B)	ZO, AUTOPSY7			
ANTECEDENT CAUSES INTERSTIAL PULMONARY (B) EMPHYSEMA. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK ANTERISTIAL PULL MONARY (B) EMPHYSEMA. PLANCE OF LABOR RIPHYSEMA. (C) ROLONGED 2 ND STAGE OF LABOR RIPHYSEMA. (B) EMPHYSEMA. (C) ROLONGED 2 ND STAGE OF LABOR RIPHYSEMA. (C) ROLONGED 2 ND STAGE OF LABOR ROLD 2 ND STAGE OF LABO	20. AUTOPSY7 YES NO Live exact location)			
ANTECEDENT CAUSES INTERSTIAL PULMONARY (B) EMPHYSEMA. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) 21A. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e. g., in or CAUSING IT) 21C. WHERE DID (If in Baltimore City, giving Cause of Death 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT	20. AUTOPSY7 YES NO Live exact location)			
INTERSTIAL PULMONARY ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22E. I hereby certify that I attended the deceased from Work 22A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CHEMATORY 24C. NAME OF CEMETERY 24	20. AUTOPSY? YES NO ve exact location) that I last saw the date stated above 23c. DATE SIGNED 7-9-52			
INTERSTIAL PULMONARY ANTECEDENT CAUSES INTERSTIAL PULMONARY (B)	20. AUTOPSY? YES NO ve exact location) that I last saw the date stated above 23c. DATE SIGNED 7-9-52			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) July 8, 1952 EDDIE ELIJAH FLEMING DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RU INSTITUTION township) Baltimore City Morgue Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 102 S. Albemarle Street ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under | Yeer | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) May 30, 1926 26 male colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? Lake City, South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Link Fleming Irene Fleming 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Drowning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING IT CAUSE OF DEATH. harbor Foot of Central Ave .- near Lancaster 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK X Found drowned July 8. 1952 (found) WORK autopsy 22. I certify that I took charge of the remains described above, held an $_$ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 10. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAN 1200 M



h 4	530	pro g	2 6405	
2	SANS BALTIMORE CITY HEALTH DEPARTMENT			
/100		E OF DEATH Registered No		
	TH NO.			
	NAME OF DECEASED Thomas to	anty 2. DATE OF DEATH YELL	18,1952	
А. І	Baltimore City, Maryland . There ex	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)	
	ULL NAME OF (If not in hospital or institution, give street address of spital OR location		write RURAL and give	
INS	JOHNS HOPKINS HOSPITAL	Pilesville	township)	
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	1000	
	Length of stay in Baltimore Days	116 Sudbrook Lane	3.00	
5)	SEX 6.COLOF OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married		ths Days Hours Min.	
1OA	. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR		2. CITIZEN OF WHAT COUNTRY?	
	Dealer Used Cars	new york	WIAT COUNTRY	
13/	FATHER'S NAME Shanty	14. MOTHER'S MAIDEN NAME	120	
	WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	DRESS	
	18. 420.1 CAUSE	OF DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	1000 A 101 111 - 1000		
	(This does not mean the mode of dying, e.g., (A)	OCARDIAL INFARCTION	/	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES	A S S S A S A S S S S A S A S A S A S A		
Z	B) AR	OM BOS 15, CORONARY ARTA	RY	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ONARY ARTERIOSELEROSE	TYRS,	
CA	(c)	ON FICY MICIENTOSEARNOSE	3	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
CE.	TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21E. INJURY OCCURRED

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1952

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE WHILE AT m. AT WORK

WORK

22. I hereby certify that I attended the deceased from deceased alive on. 23A. SENATURE

1952 and that death occurred at 2:15 m., from the causes and on the date stated above.

24c. NAME OF CEMETERY OR CREMATORY 24B, DATE Druid Ridge Cem.

23B. ADDRESS HOPKINS HOSPITAL JOHNS 24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 7/10/52 Burial

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

Pikesville, Md.

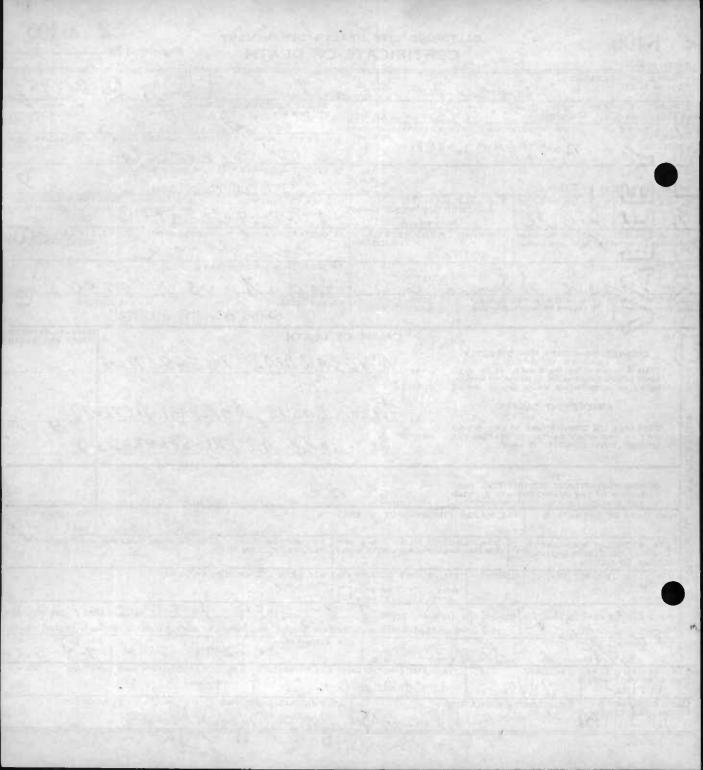
ADDRESS

23c. DATE SIGNED

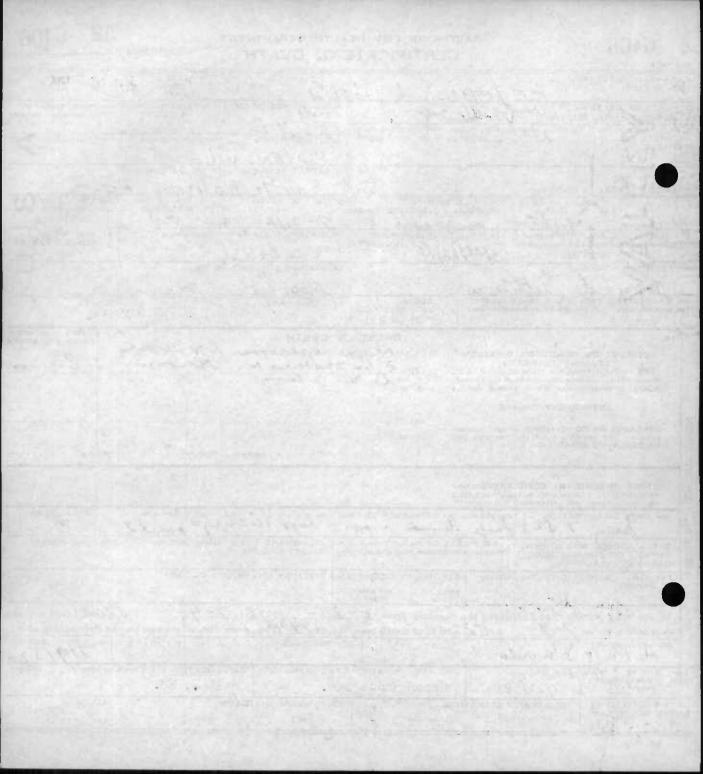
, 1957 that I last saw the

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MEDICAL

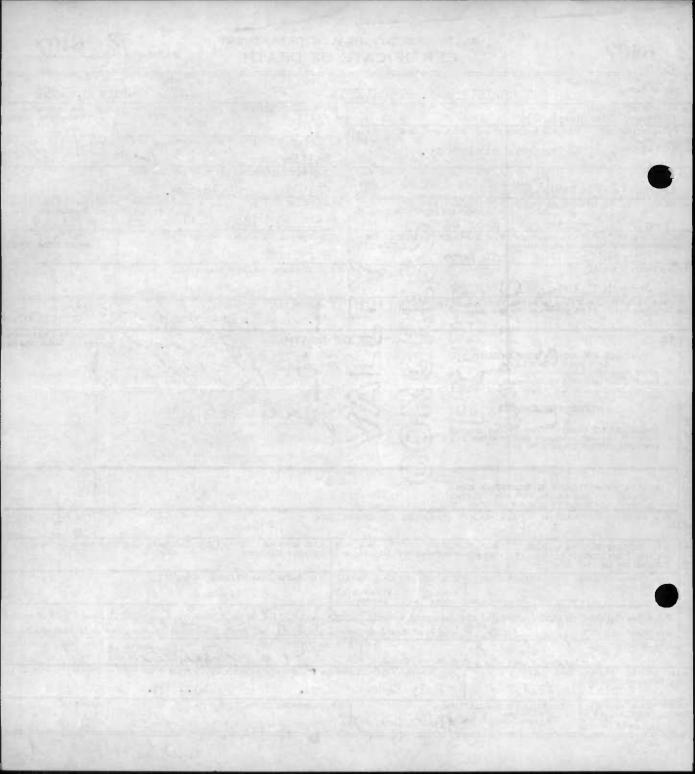


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3	6406	BALTIMORE CITY HE.	52 6406 red No.	
	RTH NO.	May		
(T)	NAME OF DECEASED Frequency or Print)	derick / Gi	HINGS 2. DATE OF DEATH	JUL 9 - 1952
A.	Baltimore City, Maryland	- my	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	red. If institution: residence before admission)
HC		or institution, give street address or HOPKIINS (Location)	c, CITY OR TOWN (If outside corporate	e limits, write RURAL and give township)
3		V	CATONSVILLE	2228
c.	Length of stay in Baltimore	Yrs. Mos. Days	South Rolling	Pd.
		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE th yes last birthday	Ars
	A. USUAL OCCUPATION (Give kind of)	MOSSILECT 108. KIND OF BUSINESS OR	7-2.44-93 5-11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
rork	done during most of working life, even if retired) never worked	AHHILLA INDUSTRY	England	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15	John S. Gitter	1.95	Rosalle may	
(Yes	. WAS DECEASED EVER IN U.S. ARMED F s, no or unknown) (If yes, give war or dates of	FORGES? 16. SOCIAL SECURITY NO. World War 1	17. INFORMANT JOHNS HOPKINS	ADDRESS HOSPI TAL
	18. 180 X DISEASE OR CONDITION DI		OF DEATH	INTERVAL BETWEEN
	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., (A) C	tastases to ligryppe	?3 ~~.
	injury or complication which cau	used death.) DUE TO	of my	
z	ANTECEDENT CAUSES	S (B)		
OF	DISEASES OR CONDITIONS, IF A	TATING THE DUE TO		
RTIFICATION	UNDERLYING CONDITION LAST	(c)	***************************************	
TIF	OTHER SIGNIFICANT CONDITI	IONS CON.		
CEF	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	OT RELATED		
1	19A. DATE OF OPERATION 3 19E	B. MAJOR FINDINGS OF OPER	ATION lyr iciones + pros	20. AUTOPSY7
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING ☐ CAUSE OF DEATH	2 15. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., et		City, give exact location)
-	21D. TIME (Month) (Day) (Year) (I	WHILE AT NOT WHILE	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I atter	m. WORK L AT WORK L	25- , 1952 to 7-9-	195 Lihat I last saw the
	deceased alive on 7-9-,	1952 and that death occur	red at 140 Am., from the causes and	
	23A GIGNATURE Hani	M. D.	3B. ADDRESSHINS HOPKINS HOSPIT	AL 23c. DATE SIGNED
TIC	AA. BURIAL, CREMA- DN. REMOVAL (Specify) Burial 7/11/52	24c. NAME OF CEMETER 2 Green Mount C	Cem. Balto., Md.	, town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S	SIGNATURE TON Williams, Miss	25 FUNERAL PIRECTOR	low, Kalls 17 Mg
***************************************	VC 1F0	2 2 2 10	0 4 / 9	

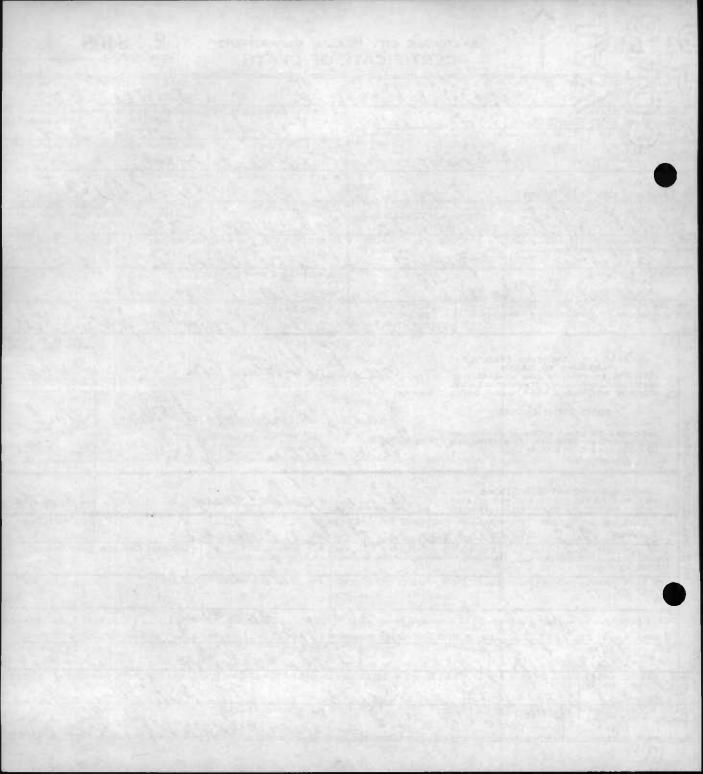


	6407 CERTIFICATE OF DEATH Registered No. 6407					
NAME OF DECEASED (Type or Print) CHRISTINA A. HUTCHING	SON 2. DATE July 8, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location	Md.					
NSTITUTION Union Memorial Hosp.	Baltimore (If duside condition in State Holk It and give township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED.	5115 Summerfield Ave. 18. DATE OF BIRTH 19. AGE (In years) If Under 1 Year If Under 24 Hours					
WIDOWED, DIVORCED (Specify						
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
housewife at home	Maryland WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Joseph Kalcielski	?					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. John M. Hutchinson - 5415 Summerfield					
18. 142 A . 1 CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Fyrestersen:					
OTHER SIGNIFICANT CONDITIONS CON-						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?					
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY WHILE AT WORK AT WORK						
deceased alive on 1, 1952, and that death occur	rred at 6 A.m., from the causes and on the date stated above.					
23A. SIGNATURE Mellin de succida D.	23B. ADDRESS (12 9 W Fayelles) 23C. DATE SIGNED					
24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) Burial 7/11/52 Holy Redeem	er Cem. Balto., Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE Williams, My	25, FUNERAL DIRECTOR. ADDRESS					
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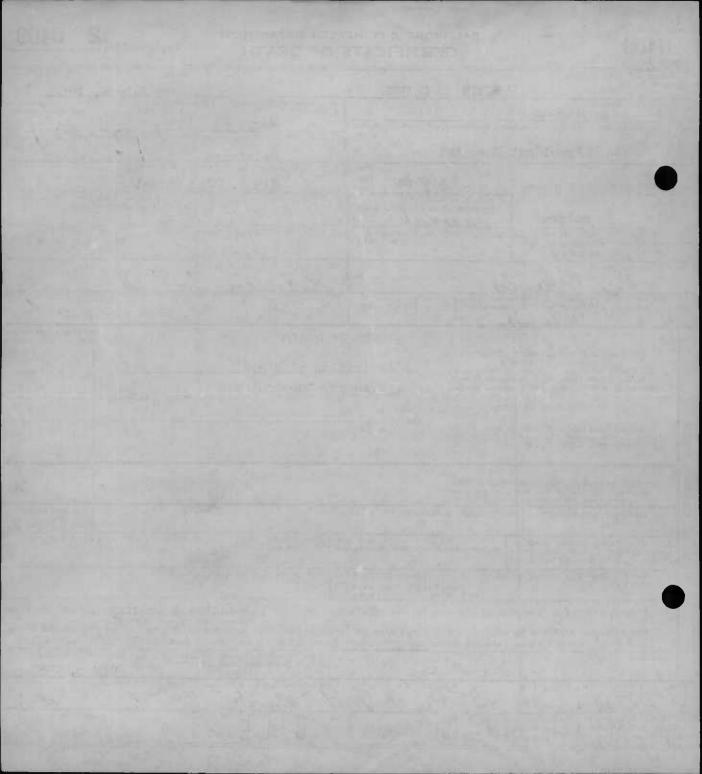


BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE & B. COUNTY More admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. 6. COLOR OR RACE AGE (in years) Il Under 1 Year WIDOWED, DIVORCED (Shecify) last birthday) | Months: Days | Hours: Min. 104. USUAL OCCUPATION (Give kind of OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) TOB. KIND 12. CITIZEN OF - INDUSTRY world dope during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME doNJ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 03-35 INTERVAL BETWEEN ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A DATE OF OPERATION 1983MAJOR FINDINGS EDICAL sares. 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID about home, farm, factory, street, office aldg., etc.) INJURY OCCUR? ACCIDENT WAS UNDER. (If in Bultimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? RID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 26 June 1952 to 9 Luly 1922 that I last saw the 1952 and that death occurred at 10 30 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24B. DATE 24c. NAME OF COMETERY OR CREMATORY 24D LOCATION (City, town, or county) TION REMOVAL (Specific BURIAL, CREMA-DATE RECEIVED BY 25. FUNERAL DIRECTOR ADORESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



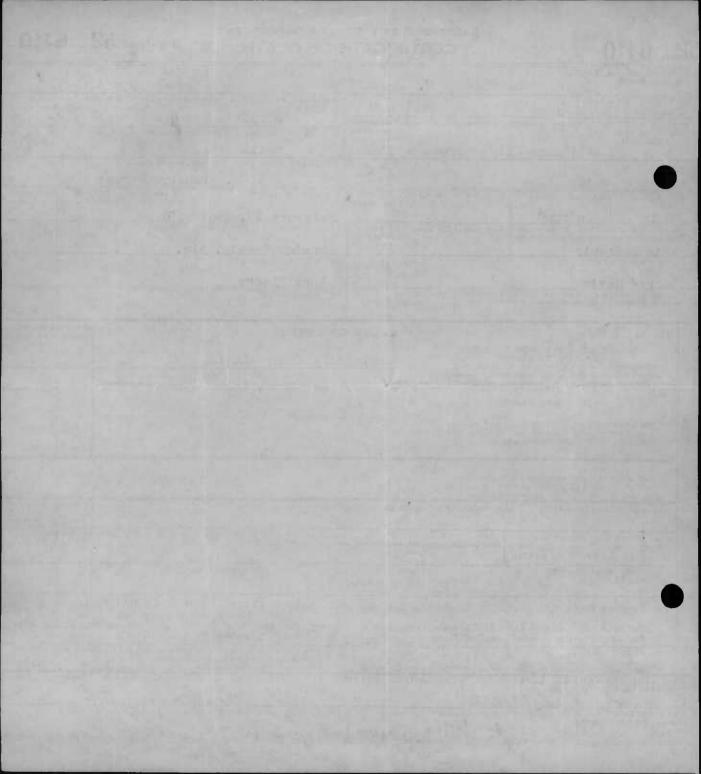
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BIRTH NO.
1. NAME OF D (Type or Print)

BALTIMORE CITY HEAL	TH DEPARTMENT 52 6409
6409 CERTIFICATE C	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) RUBIN OLIVER	2. DATE OF DEATH July 8, 1952
3. PLACE OF DEATH:	USUAL RESIDENCE (Where deceased lived, If institution: residence STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	Maryland CITY OR TOWN (If outside corporate/limits, write RUGAL and give
INSTITUTION Provident Hospital	CITY OR TOWN (If outside corporate fimile, write RUMAL and give township) Baltimore
Yrs. Mos. Mos.	STREET ADDRESS (If rural, give location)
c. Lagth of stay in Baltimore 0 9 700 Days	119 W. 22nd Street
	DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours Min. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
10A. USUAL OCCUPATION (Givekind of work dooe during most of york iog life, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME (4.	MOTHER'S MAIDEN NAME
Sohn Olever	Refreca Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	TOTAE Plusa 19 w 32 ndsy
18. 002 X CAUSE OF	DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	STORY AND SEATT
(This does not mean the mode of dying, e.g., (A) Aspiration heart failure, asthenia, etc. It means the disease,	on of blood
Injury or complication which caused death.) DUE TO pulmonary	y tuberculosis
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	4.
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (a. g., in or	21c. WHERE DID (If in Baltimore City, give exact location)
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) UTING CAUSE OF DEATH.	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above	e, held an inspection & inquiry thereon and from
the evidence obtained by said Autorsy. Inspection or Inqu	Autopsy, Inspection or Inquiry iry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes X	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
M.D.	MEDICAL INVESTIGATOR July 8, 1952
TION REMOVAL (Specify)	R CREATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 4.25.	FUNGRAL DIRECTOR ADDRESS
LOCAL REGISTRAR Huntington, Wallaus Mit	Laguer Canders)
V S 151 97099	217 E. Preston SX



BALTIMORE CITY HEALTH DEPARTMENT Registered No 2 6440 CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) GEORGE H. NEWTON DEATH July 4. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City. Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give wnship) Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1131 W. Franklin Street gth of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (in years It Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male Colored February 27. 1921 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Houston County, Ala. Auto Mechanic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GANALE George Newton Lucy Rivers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18.002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary tuberculosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATION DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION No X EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. 218. PLACE OF INJURY (e.g., in or about home farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\), suicide \(\). homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Specify) TREGISTRAR'S SIGNATURE was ADDRESS DATE RECEIVED BY 25. FUNERAL DIREC

V S 151



2 RT	10	BAI	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	6411
3. PL A. Ba B. FU HOSF INSTI C. Lee 10A. 1 13. FA	ngth of six	EATH: City, Maryland OF (If not in hospital or institut JOHNS HOPKINS HO tay in Baltimore 6. COLOR OR RACE 7. SINGL WIDOV CUPATION (Givekiod of fworking life, even if retired) AME LAME DEVER IN U. S. ARMED FORCES?	location)	D. STREET ADDRESS (III OT N. W 8. DATE OF BIRTH 10 - 29 - 99 11. BIRTHPLACE (State or 1) 14. MOTHER'S MAIDEN N 17. INFORMANT	DEATH Where deceased lived. If ins B. COUNTY If outside corporate limits, of rural, give location) 9. AGE (In years if Um last birthday) Month Official Country) ME	before admission)
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION DIRECTLY LEADING TO DEATH not mean the mode of dying, e., re, asthenia, etc. It means the disease complication which caused death ANTECEDENT CAUSES OR CONDITIONS, IF ANY, GIVIN HE ABOVE CAUSE (A) STATING TO TING CONDITION LAST. II IGNIFICANT CONDITIONS CONTO THE DEATH, BUT NOT RELATING TO THE DEATH, BUT NOT RELATINESEASE OR CONDITION CAUSING	(B) DUE TO (B) Cell (C) Core No. Clarance	of DEATH recent sugges mosting Coron many arter cholicultis?	edial inface any arteries is sales one	INTERVAL BETWEEN ONSET AND DEATH

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR?

21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR? NOT WHILE

AT WORK 195 Rthat I last saw the 444m., from the causes and on the date stated above.

WHILE AT 22. I hereby certify that I attended the deceased from_

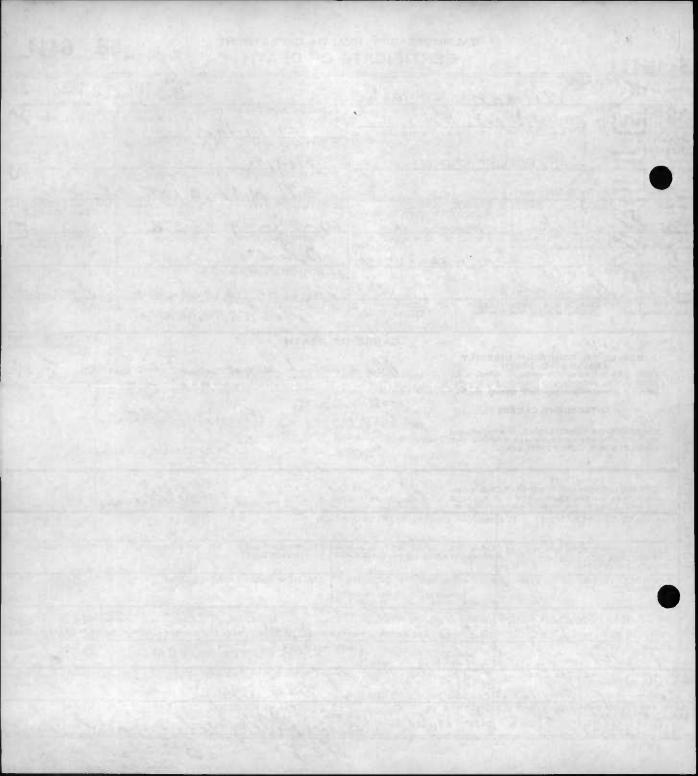
, 195 2 and that death occurred at 2deceased alive on_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24B. DATE NAME OF CEMETERY OR CREMATORY

RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR

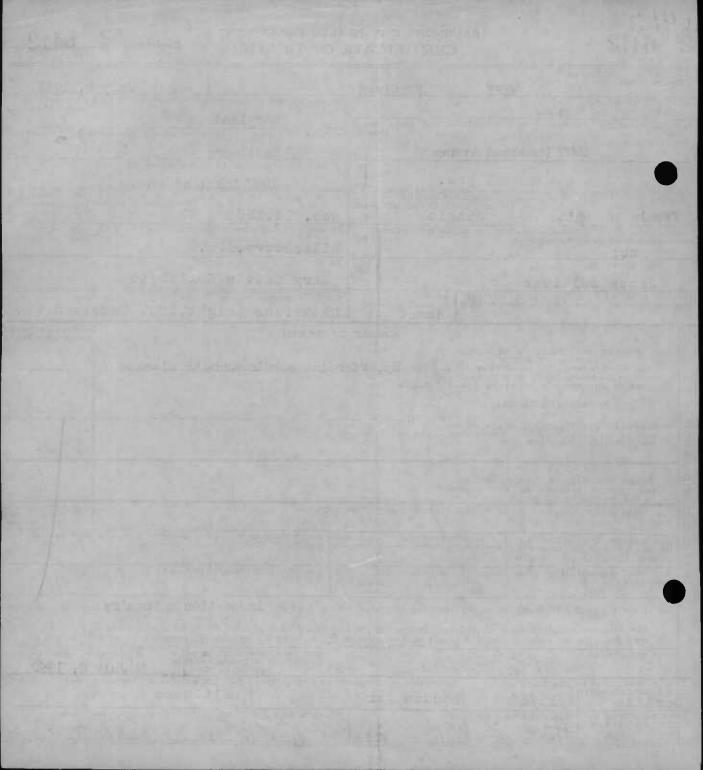
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MEDICAL



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) OF July 8, 1952 MARY DEATH SULLIVAN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1007 Dukeland Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 55 yrs. 1007 Dukeland Avenue c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female 83 Single white Dec. 14,1868 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of INDUSTRY WHAT COUNTRY work done during most of working life, even if retired Wilkesbury, Pa.. none. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Galvin Collington James Sullivan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Catherine Wright, 1007 Dukeland St. none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY'7 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER..... M | 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER July 8. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore Loudon Park 7/11/52 Burial ADDRESS REGISTRAR'S SIGNATURE 25 ENNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland // Le A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years If Under 1 Year | II Under 24 Hours last birthday) Months; Days Hours Min. 7. SINGLE, MARRIED II Under 24 Hours WIDOWED, DIVOR ED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SOUNT FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that, Lattended the deceased from 6 - 19-10 - 196 Lithat I last saw the · YOm., from the causes and on the date stated above. deceased alive on. 193 and that death occurred at 23A. SIGNATUR 23c. DATE SIGNED E RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150

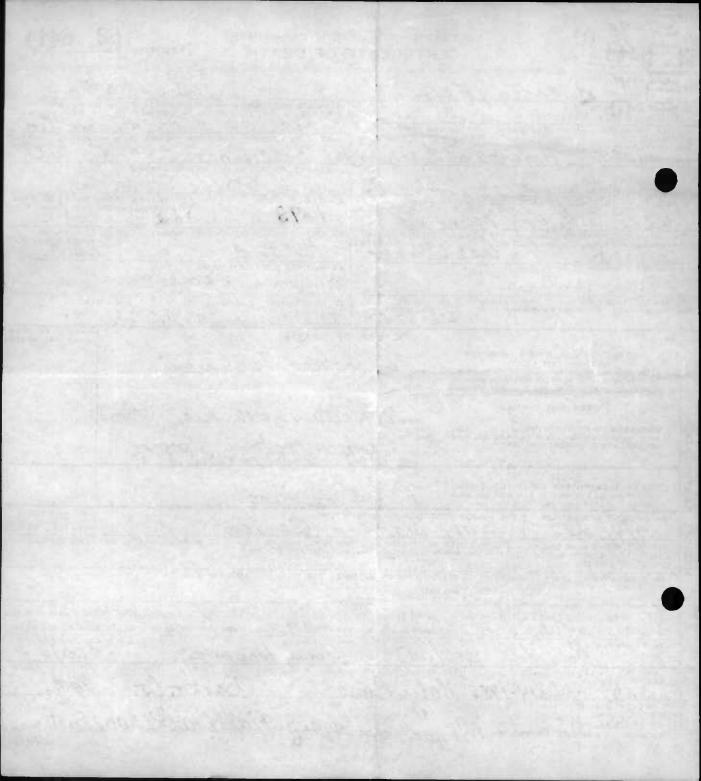
The to have the N. 1. 16 1423 W. July 1256 Market State Committee and the second of the second o

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BIRTH	6414	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6414

SIRTH NO.						
Type or Print) Kulesza, Felix	2. DATE OF 7/10/52					
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c, CITY OR TOWN (If outside corporate limits, write RURAL and live					
NSTITUTION Sinai Hospital of Baltimore	Tac Baltimore. 2-0 (township)					
3 A Mos.	D. STREET ADDRESS (If rural, give location)					
c. Dength of stay in Baltimore Days 5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours					
Male White Harried (Specify)						
IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Corpender Steel Worker	10 and (4.5.7).					
Joseph Kulessa GONST	Maryanna Dembrowski					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT , ADDRESS					
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Stella Kulisza 303 S. Wolle St					
18. 586X CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	static Pueumonia					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DI WAY FINE GIMONIA					
	Latacia Branchi , Doll.					
DISEASES OR CONDITIONS, IF ANY, GIVING						
UNDERLYING CONDITION LAST. DUE TO Cholocystectomy Surgery &						
OTHER SIGNIFICANT CONDITIONS CON-						
						TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERAT	RATION 20. AUTOPSY? YES NO P					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., about home, farm, factory, atroct, office bidg.						
CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE						
m. WORK AT WORK	T. 1. 2 5 T 0 . 10 5					
deceased alive on Sales 10, 19 5 Land that death occur						
	23B. ADDRESS 23c., DATE, SIGNED					
24A. BURIAL. CREMAL 24B. DATE VAC. NAME OF CEMETE	SIMOL HOSPITAL 7/10/3 PERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
24A. BURIAL, CREMAL 34B. DATE 24C, NAME OF CEMETE TION, REMOVAL (Specify)	Balta Co Mol.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FINERAL DIRECTOR ADDRESS					
1054 10 1952 Hate Will	Um. S. Fialkowski 2007 Eastern					
VS 150	ave					
5/021	4					

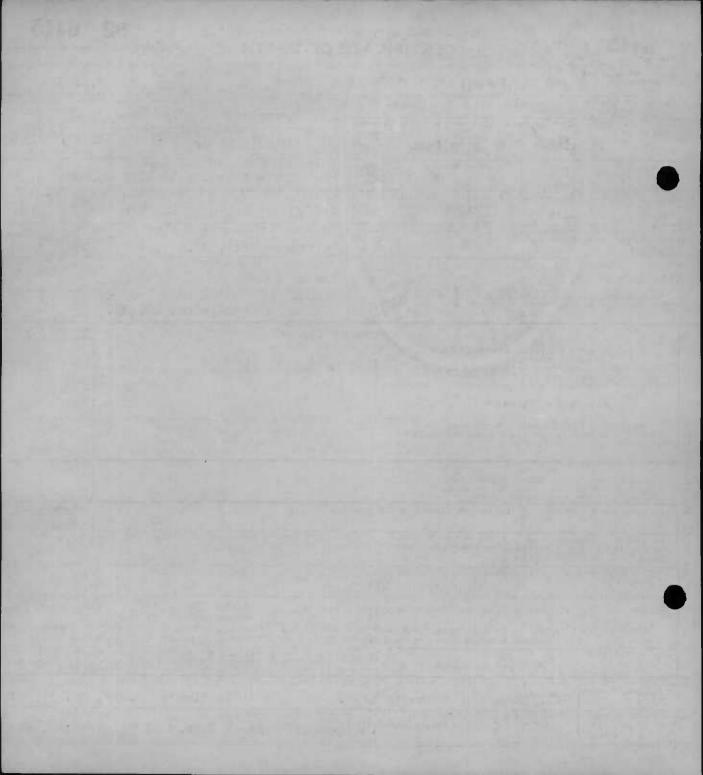


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2	641	5
BIR	TH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6415

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) July 9, 1952 AUDREY FORTMAN OF MAY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Middle River township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Eastern Ave. & Redbird Avenue gth of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 1/8/21 female white single 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore City, Md. student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Milton Fortman Thelma Temple 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Milton Fortman-Balto. 20. Md. 18.080.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Bulbar poliomyelitis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office hldg., etc.) UTING T CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [], suicide [], homicide [], undetermined []. 23A. SIONATURE 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR July 10. 1952 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 2AB. DATE Ebenezer Meth. Baltimore County, Md. Burial DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAN'S SHENATURE LOCAL REGISTROP Home-7401 Belair Road



200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 6416

BIRTH NO.							
1. NAME OF DE (Type or Print)		Charles	School		2. DAT OF	7-	7-52
3. PLACE OF DE	AIH:	Charles	Scheck	4. USUAL RESIDE			institution : residence before admission)
B. FULL NAME C		ospital or institutio	n, give street address or	Maryan		.001411	4
HOSPITAL OR	Mercy Hos		location)	C. CITY OR TOWN	(If outside co	rpopate limit	write RUR (L and give township)
37	Beltimore			Baltimor	r-la	41	township)
			Yrs. Mos.	D. STREET ADDRES	SS (If rural, give	location)	MILE
c. Length of st			Days	4116	St Thoma		0.4.19
S. SEA	6. COLOR OR RA	7. SINGLE.	D, QIVORCED (Specify)	8. DATE OF BIRTH		(In years	Under 1 Year If Under 24 Hours nths Days Hours Min.
Male I	White		OF BUSINESS OR	11 BIRTHPLACE (6)	Ste or foreign cou	6	12. CITIZEN OF
ork dooe during most of	working life, even if ret	lired)	INDUSTRY	PAIT		41	WHAT COUNTRY?
WOSKS & C		ster compa	n y	DALIMO 14. MOTHER'S MAI		10,	
1-1	C-1-	11		Angel-	4/	1	-
15. WAS DECEASE	D EVER IN IL S AL	MED FORCES?	16. SOCIAL	TITYIVE	1500		1111
(Yes, oo or unknown)	(If yes, give war or	dates of service)	SECURITY NO.	MRS. MI	deed.	Schen	Con Thousand
18. 420	. 1		CAUSE	OF DEATH		JOINEC	INTERVAL BETWEEN
DISEAS	E OR CONDITIO	ON DIRECTLY					ONSET AND DEATH
(This does	LEADING TO I	de of dying, e.g.,	(A) Corona	ry Occlusi	on		1
heart failur	e, asthenia, etc. It	mcans the disease, ch caused death.)					
	ANTECEDENT C	ALISES		-	4.5		
			(B)	•••••	***************************************	*******	
RISE TO TH	HE ABOVE CAUSE	S, IF ANY, GIVING	DUE TO				
UNDERLY	ING CONDITION	LAST.	(C)		••••	******************	
Ĕ	- 11						
		NDITIONS CON-					
		BUT NOT RELATED TION CAUSING IT.					
_	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
V		1 010 01 4	SE OF INITIDY (e er 21c. WHERE DI	D (16 in Balki	mana Cita	YES NO
LYING OR	ENT WAS UNDER CONTRIBUTION	1 1 1 1	CE OF INJURY (e. g., i	etc.) INJURY OCCUP	R?	more City, g	rive exact location)
Z CAUSE OF D		ear) (Hour) 2	TE. INJURY OCCURR	106 2 103	INJURY OCCUR	St. Ent	rence
FINJURY	month) (Day) (1	- ' '	HILE AT NOT WHILE	ZIF. HOW BID	A A	0.0	4
in acc	cm. 11	A m.	WORK AT WORK	- pt parke	el con - f	ll un	conscaro
		attended the d			, to		, that I last saw the
deceased all		, 19 a	nd that death occur	rred atm.,	from the cause	s and on th	e date stated above.
23A. 3/GIVAT	111	F 9. 1	1 1	DO BACK HOND	to Cacc	edjet	7-9-51
24A. BUTIAL, C	REMA- 248. DA	TE / E	4C. NAME OF CEMETE	RY OR CREMATORY	240-LOCATION	(City, town,	or county) (State)
TION, REMOVAL (SI	pecity) ~//	12/52	VARKWO	od	DALT	0	40
DATE RECEIVED		RAR'S SIGNATUR		25. FUNERAL DIRE	CTOR		ADDRESS
LOCAL REGISTE	152 Thur	tington /	Misus Mr.	L.J. Ruck	53	305 N	ARFORD RA
VS 150		0 0 5	2 (0:1)	964	J		
		7 .	1 6405	2			

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52 6417 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Christine S. Ahlers OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Dill. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 509 Rock Glen Id. Ball timore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 48yrs 509 Rock Glen Rd. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years if Under I Year if Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED W WIDOWED, DIVORCED (Specify) June 24, 1864 Female 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF working life, even if retired) INDUSTRY WHAT COUNTRY? Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sievers Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 509 Rock Glen Rd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from may 25 1952 to July 8, 1952 that I last saw the . 1952, and that death occurred at 3:30 f.m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CRIMA-TION REMOVAL (Specify) Urial

New Cathedral

duaus, Mis

Balto. "d.

ADDRESS

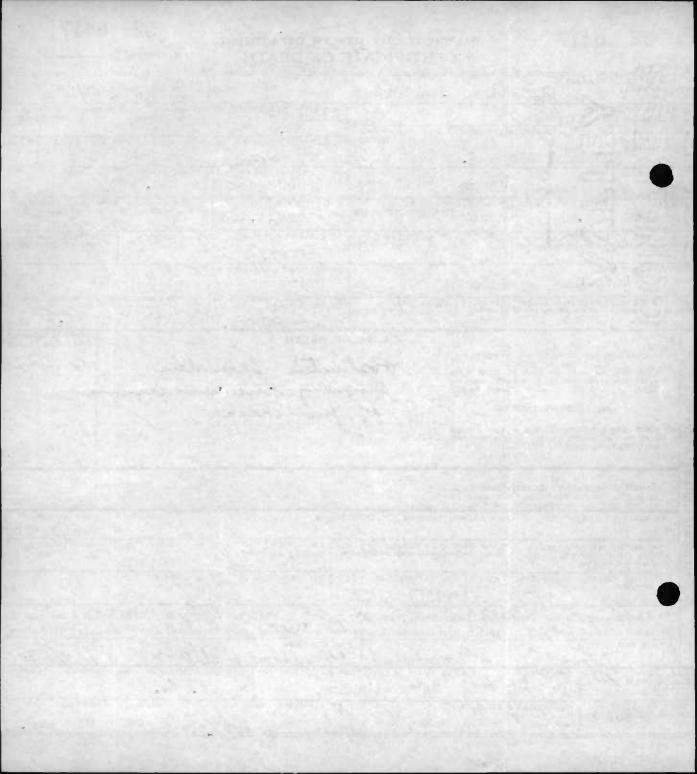
4101 Edmondson Ave.

25. FUNERAL DIRECTOR

DATE RECEIVED BY

July 11/52

REGISTRAR'S SIGNATURE

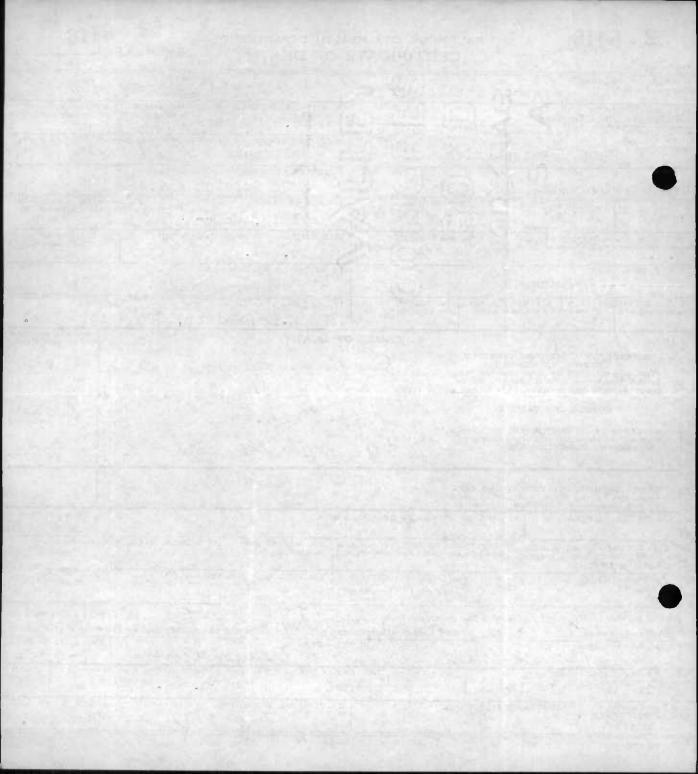


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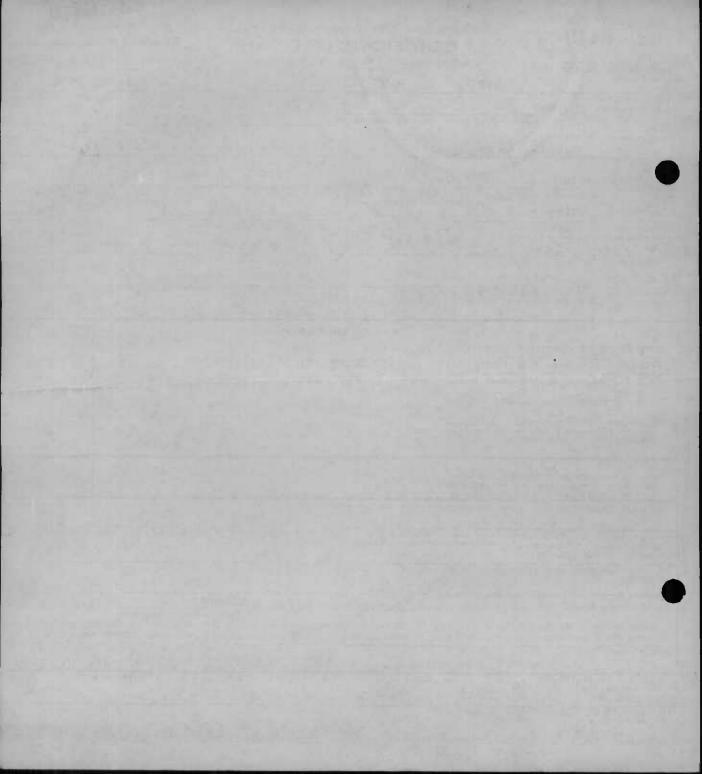
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6418

Registered No BIRTH NO. 2. DATE 1. NAME OF DECEASED (Type or Print) OF July 8/52 Frances Thalheimer 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATED B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 3805 Gelston Drive Balt imore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3805 Gelston Drive c. Length of stay in Baltimore Life Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White Female April 10.1880 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY ork doneduring most of working life, even if retired) Own Home Balto. Md. H.W. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown -----McDougall 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. John E. Thalheimer, 3805 Gelston Dr. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION MEDICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE AT WORK 195 2 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 7-8-5 745 km., from the causes and on the date stated above. and that death occurred at_ 23c. DATE SIGNED 23A, SIGNATURE du malo 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) Balto. Md. July 12/52 New Cathedral ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 4101 Edmondson Ave.



26	52 6419
52 6419 BALTIMORE CITY HE	70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) WINFIELD BARKER	2. DATE OF July 9, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
University Hospital	Baltimore 21-02
c. Light of stay in Baltimore Light Mos. Days	1219 W. Ostend Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Speify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF NOUSTRY	11. BIRTHALACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Welbur Barker	mary - told
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Dara M. Barker, 1219W. Ostona
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH INTERVAL BETWEEN ONSET AND DEATH TY artery sclerosis
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
218. PLACE OF INJURY (e. g., in underlying OR CONTRIB- UTING CAUSE OF DEATH.	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRING WHILE AT WORK NOT WHILE AT WORK	
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	autopsy thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, X accident suicide homicide undetermined 238. CHIEF MEDICAL EXAMINER
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 0 1050	25 FUNERAL DIBECTOR ADDRESS
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DIDTI	NO

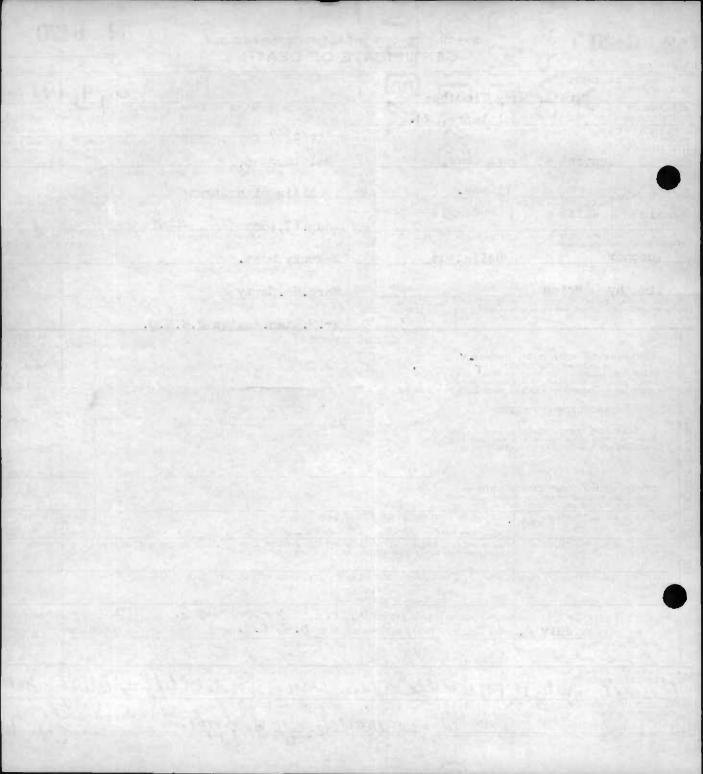
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BALTIMORE CITY HEALTH DEPARTMENT

52 6420

Registered No .__ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE OF Sister Mary Timothea DEATH 4. USUAL RESIDENCE (Where deceased Wed. If in titution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN location) (If outside corporate limits, write RURAL and give INSTITUTION Convent of Notre Dame Baltimore 5

D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 11 mos. 901 Aisquith Street
8. DATE OF BIRTH 9. AG Days White Wisque Over (Specify) 9. AGE (In years II Under I Year last birthday) Months Days Hours Min. Female Aug. 17. 1885 O X IOA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Teacher Roxbury Mass. 14. MOTHER'S MAIDEN NAME Religious 13. FATHER'S NAME Timothy O'Brien Marg. Mc. Carty 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Sr.M.Stan.Kostka S.S.N.U. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198_MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY WHILE AT WORK AT WORK 19 52 to July 9. 1952 that I last saw the 22. I hereby certify that I attended the deceased from May 1, deccased alive on July 8. 19 52, and that death occurred at 8.45 R. Moon the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY RECESTRAR'S SIGNATURE LOCAL REGISTRAR



50 0494	PALTIMORE CITY HE	ALTH DEPARTMENT	52	6421
52 6421	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	ec Roy		2. DATE OF JULY 6	3 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	1	4. USUAL RESIDENCE (W)		titution: residence before admission)
B. FULL NAME OF (If not in hos	pital or institution, give street address or location)		outside corporate limits, w	
INSTITUTION LINERS/ MY		BARTIMOR		township
c. Length of stay in Baltimore	LIFE Mos. Days	D. STREET ADDRESS (If r	/	
5. SEX 6. COLOR OR RAC	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	JULY 7.1952	9. AGE (In years last birthday) Month	s Days Hours Min.
10A. USUAL OCCUPATION (Give kin work done during most of working life, even If retir		11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
13. FATHER'S NAME	^	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARI	MED FORCES? V 16. SOCIAL	HELEN KOY		
(Yes, no or unknown) (If yes, give war or o	ates of service) SECURITY NO.	HELEN ROY	ADDI	RESS
DISEASE OR CONDITION LEADING TO DO (This does not mean the mode heart failure, asthenia, etc. It rinjury or complication which will be a second to the complex of the compl	N DIRECTLY EATH e of dying, e. g., neans the disease, n caused death.) USES (B) (B) (B)	SENITAL AND ME General Cerrical E entered anemaples Blotune Cert	Agolote	INTERVAL BETWEEN
OTHER SIGNIFICANT CONTRIBUTING TO THE DESEASE OR CONDIT	UT NOT RELATED			
19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7
2 1A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		in Baltimore City, give	
21D. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	All Canada Control of the Control of	/**************************************	hat I last saw th
deceased alive on 7/8	, 1952, and that death occur	rred at 124 Am., from th	e causes and on the	
Kaymond V.	Demund M.D.	Throught 5	tospital &	m 81952
24A. BURIAN CREMA- 24B. DATI	24c. NAME OF CEMETE	Y HENCAL SCHOOL FUL 9	1952	fountly) (State)
DATE RECEIVED BY REGISTRA LOCAL REGISTRAR	ston Williams MD	25. FUNERAL DIRECTOR	lth	DDRESS
VS 150	0	6, 4		

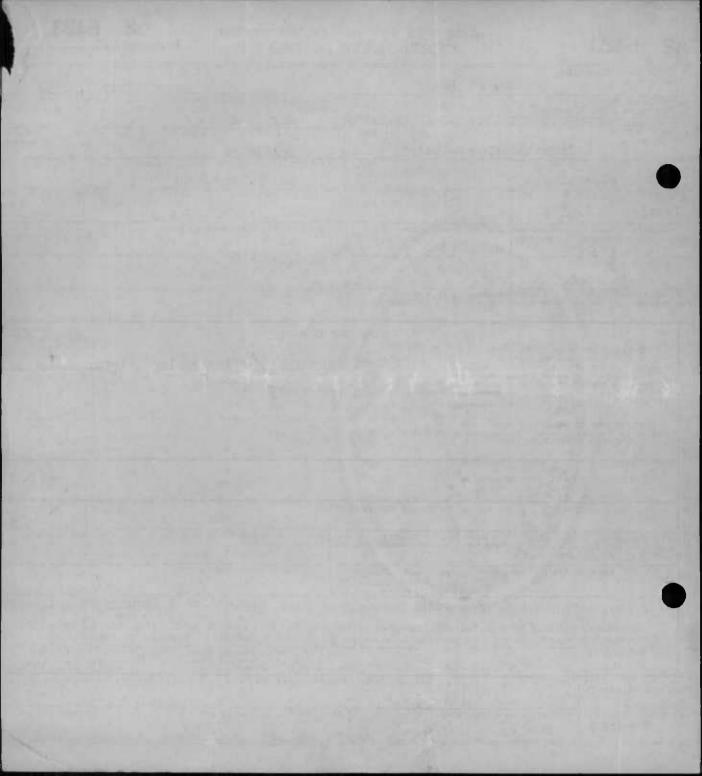
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6422

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Lee Branch	DEATH 6650
3. PLACE OF DEATH: A. Baltimore City, Maryland B. Elli, NAME OF Ciffing in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, Minstitution: residence A. STATE B. COUNTY before admission) Maryland
Baltimore City Hospitalor election location) HOSPITAL OR Baltimore City Hospitalor location) HOSPITAL OR BASTERN Ave.	
c. Angth of stay in Baltimore 48 yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) Crownsville State Hospital
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 1, 1881 9. AGE (in years last birthday) Months: Days Hours Min. 71 yrs.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Branch	Mary Fitzgerald
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Record B.C.H. 4940 Eastern Ave.
DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND OBATH ONSET AND OBATH 4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	S. Nephrosclerosis Unknown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONGITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 5-12-52 suprapuble - Cyst	OSCOPY YES NO #
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., ii ebout bome, form, factory, street, office bldg., c	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 5-1 deceased alive on 6-6, 1952, and that death occur	2 1:10Pin., from the causes and on the date stated above.
23A. SIGNATURE 2	4940 Eastern Ave. 22c Date Signed 6-18-52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE UNVESTO	MEDICAL SCHOOL JUL 9 12: 1952 (City, town, or county)
DATE RECEIVED BY REGISTRAR'S SIGNATURE. HILL 1 1 1000 Huntington Williams Mix	25. FUNERAL DIRECTOR ADDRESS
vs 150/902	17.13

ed to IUI - ... ale in ... TARRAY. Troops Single Man Single Street

52 6423 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ANNA BRADY July 9. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 943 N. Broadway igth of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7, SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) female white DIVORCED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? ROOMING HOUSE LAND LADY BALTIMURE, MID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES MACHOVEC MARY MUSILEK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yee, no or unknown) 105, MACHOVEC 930N. BROADW CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO 3 EDICAL 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office hldg., etc.) UTING T CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses M, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR 23A. SIGNATURE 23c, DATE SIGNED July 10. 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 7-12-52 BURIAL LOCAL REGISTRA DATE RECEIVED BY A. CVA CAY & SON V S 151



5% BI	2 642 RTH NO.	24			ALTH DEPARTMENT E OF DEATH	Registered 1	52 6424 No.
	NAME OF D	ECEASED	JANIE	T	IOMPSON	OF DEATH July	8, 1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V		
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit Johns Hop		vive street address or location)	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limit	s, write RURAL and give township)
c.	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	A STATE OF THE STA	
	sex Cemale	6.COLOR OR RACE		DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	onths Days Hours Min.
	done during most o	CUPATION (Give kind of of working life, even if respect)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	orden country)	12. CITIZEN OF WHAT COUNTRY!
13	FATHER'S	NAME	ens		14. MOTHER'S MAIDEN N.	AME	
15 (Yes	. WAS DECEASE	ED EVER IN U. S ADMEI (If yes, give war or date	FORCES? 16 s of service)	SECURITY NO.	17. INFORMANT	uh la	DDRESS #
TION	(This does heart failt injury or DISEASE.	SE OR CONDITION LEADING TO DEA s not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) TYING CONDITION LA	TH of dying, e.g., ns the disease, aused death.) SES F ANY, GIVING STATING THE	(A) Arteri	of DEAtH	ovascular dis	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	TRIBUTING	II SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED CAUSING IT.	(c)			
7	19A. DATE C	F OPERATION 1	98. MAJOR FII	NDINGS OF OPER	ATION		YES NO X
EDICAL	21A. EXTERNUNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		OF INJURY (e. g., in actory,street,office bldg.,e		If in Baltimore City,	give exact location)
X	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. WHILE		21F. HOW DID INJURY	Y OCCUR?	
	the ev	idence obtained by	said Autopsy	, Inspection or I	bove, held an inspect; Autopsy, inquiry, find that said de	Inspection or Inquiry eccased died on th	e day stated above

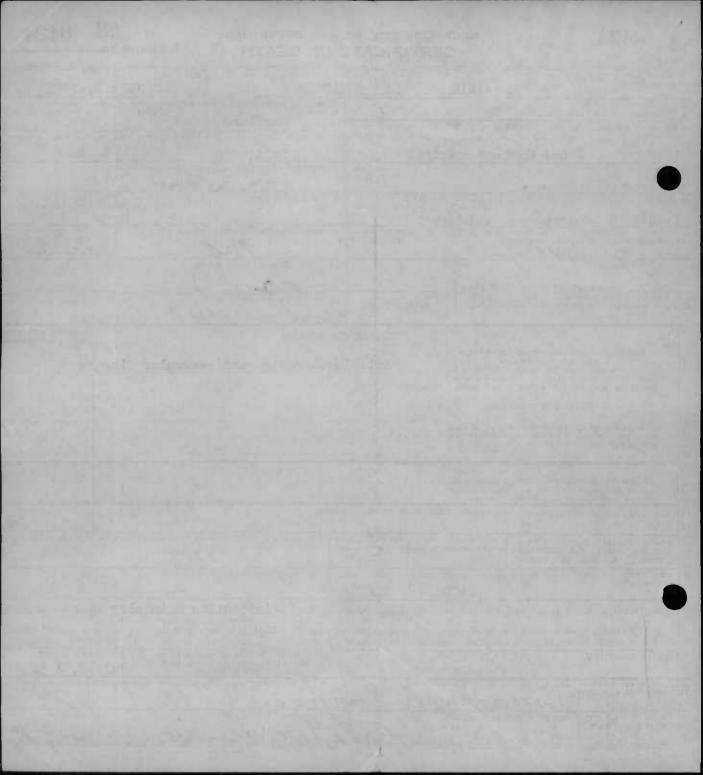
23A. SIGNATURE M.D. 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) (State) 24C. NAME OF CEMETERY OR CREMATORY 240. LQCATION (City, town or county)

TION, REMOTE

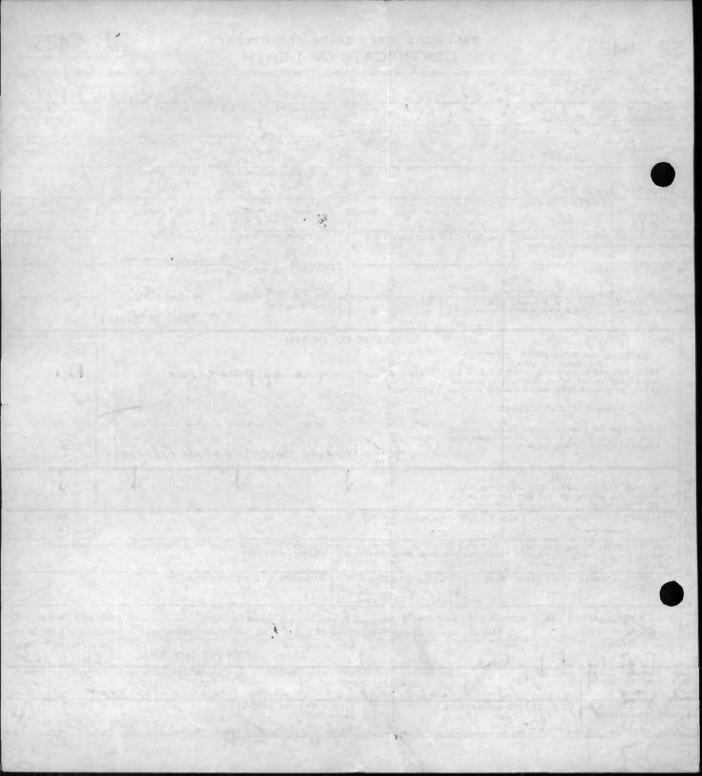
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DATE RECEIVED BY

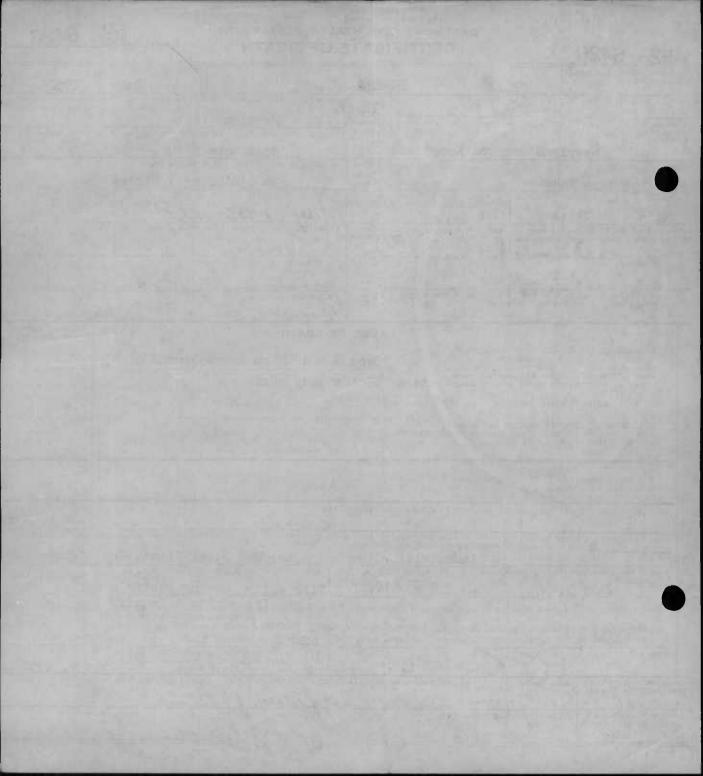
LOCAL REGISTRAR ADDRESS REGISTRAR'S SIGNATURE



52 BIRTH N		25			E OF DEATH	Registered No	6425
1. NAME (Type or : 3. PLACE A. Baltin	Print)	alex	fill (st 2	4. USUAL RESIDENCE (2. DATE OF DEATH JUL Where deceased lived. If in B. COUNTY	shution: residence before admission)
B. FULL HOSPITA INSTITU	L OR	JOHNS HO			c. CITY OR TOWN (II	outside corporate limits,	write RURAL and give township)
c. Lengt		ay in Baltimore		Yrs. Mos. Days	1320 m	rural, give location)	5+.
ma	le	Eveluned.	WIDOW	E, MARRIED, PED, DIVORCED (Specify	5-2-1842	4 60	hs Days Hours Min.
ork done dur	ing most of	CUPATION (Give kind working life, even if retire		OF BUSINESS OR INDUSTRY	urg	inia	2. CITIZEN OF WHAT COUNTRY?
Ja. FATH	ant	t Sh	iee		14. MOTHER'S MAIDEN N	Wells	
15. WAS I	nknown)	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANJOHNS	ADI	DRESS
(TI	his does art failur	E OR CONDITION LEADING TO DE. not mean the mode e, asthenia, etc. It me complication which	ATH of dying, e. g	(A)caic	of DEATH	Clear	INTERVAL BETWEEN ONSET AND DEATH
RIS	SEASES	OR CONDITIONS, LE ABOVE CAUSE (A ING CONDITION I	JSES IF ANY, GIVIN) STATING TH	(B)	enive cardio va	Calor discou	3 .
RIS UN	SEASES SE TO TH IDERLYI THER SI	OR CONDITIONS, IE ABOVE CAUSE (A ING CONDITION I II GNIFICANT CONE TO THE DEATH, BU	IF ANY, GIVIN) STATING THAT AST. DITIONS CONT NOT RELATE	(B)(C)(C)	enrive cardio va	V	· · · · · · · · · · · · · · · · · · ·
RIS UN	SEASES E TO TH IDERLY! HER SI IBUTING THE DIS	OR CONDITIONS, IE ABOVE CAUSE (A ING CONDITION I	ISES IF ANY, GIVIN) STATING THAT AST. DITIONS CONT T NOT RELATE IN CAUSING I	(B)(C)(C)	V	V	20. AUTOPSY? YES NO
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OT TRIED TO 19A. I. LYIN CAUSE 21A. S	HER SI IBUTING THE DISTORTED OF E	OR CONDITIONS, IE ABOVE CAUSE (A ING CONDITION II GOVERNMENT ON IT OF THE DEATH, BUT SEASE OR CONDITION OF OPERATION OF THE O	DITIONS CONT NOT RELATE NO CAUSING 1 198. MAJOR 218. PLA	FINDINGS OF OPEI ACE OF INJURY (e.g., arm, factory, street, office bidg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from and that death occur	RATION in or 21c. WHERE DID (10c.) INJURY OCCUR? RED 21f. HOW DID INJUR 7 - 7 19 52 to rred at 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	If in Baltimore City, given a second of the causes and on the NS HOSPITAL	20. AUTOPSY? YES NO OF exact location) that I last saw the date stated above.
OT TRIED TO 19A. I. LYIN CAUSE 21A. I. dccccc	HER SI BUTING THE DIST ACCIDE ACCIDE	OR CONDITIONS, THE ABOVE CAUSE (A ING CONDITION IN GNIFICANT CONTINUES TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year TO CERTIFY that I a TO CERTIFY THAT I A TO CENTRE ON THE CONTRIBUTION IN TO CONTRIBUTION IN	DITIONS CONT NOT RELATE NO CAUSING 1 198. MAJOR 218. PLA	FINDINGS OF OPEN ACE OF INJURY (e. g., arm, factory, street, office hidg. 21E. INJURY OCCURF WHILE AT	RATION in or 21c. WHERE DID (10c.) INJURY OCCUR? RED 21f. HOW DID INJUR 7 - 7 19 52 to rred at 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	If in Baltimore City, given on the causes and on the	20. AUTOPSY? YES NO OF exact location) that I last saw the date stated above.
PISTON REM	HER SI BUTING THE DISTRIBUTING THE DISTR	OR CONDITIONS, IE ABOVE CAUSE (A ING CONDITION IN ING CONDITION IN ING CONTRIBUTING CONTRIBUTION	DITIONS CONT NOT RELATE NO CAUSING 1 198. MAJOR 218. PLA	FINDINGS OF OPEI CE OF INJURY (e. g., arm, factory, street, office hidg. 21e. INJURY OCCURF WHILE AT	RATION in or 21c. WHERE DID (10c.) INJURY OCCUR? RED 21f. HOW DID INJUR 7 - 7 19 52 to rred at 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	If in Baltimore City, given a second of the causes and on the NS HOSPITAL	20. AUTOPSY? YES NO OF exact location) that I last saw the date stated above.



TIFICATE CORR 6426 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) KOPERA July 8, 1952 DEATH 14. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A Baltimore City, Maryland . STATE B. FULL NAME OF (If not in hospital or institution, give street address of Maryland HOSPITAL OR location (If outside corporate limits, write RURAL and give township) Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 33 6 (3626) O'Donnell Street gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) DECKIND OR BUSINESS OR 12. CITIZEN OF WHAT COUNTRY preduring most of working life, even if retired) allmare MOTHER'S MAIDEN NAME mis 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Second and third degree burns of 75% (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. of the body surface injury or complication which caused death.) MUEXTO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. บั 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Bethlehem Steel Plant, Key Highway UTING | CAUSE OF DEATH. Industrial place 21F. HOW DID INJURY OCCUR? Clothing caught on 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY fire while burning inside a coffer dam 2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident X, suicide [, homicide [, undetermined []. 23B. CHIEF MEDICAL EXAMINER...... 23c. DATE SIGNED 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-246. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY UNERAL DIRECTOR LOCAL REGISTRAR 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6427

Registered No.

BIRTH NO 2. DATE 1. NAME OF DECEASED July 0. 1952 Mary Elizabeth Skrentny (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY hefore admission) A. Baltimore City, Maryland 3836 Sequoia Ave. A. STATE Maryland (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore vrs Davs 3836 Sequois Ave. 9. AGE (In years | If Under 1 Year | If Under 24 Rours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 5. SEX WIDOWED, DIVORCED (Specify) Jan. 30, 1878

11. BIRTHPLACE (State or foreign counts) Widowed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Keyser W. Va. At home 13. FATHER'S NAME Elizabeth Loude William Berrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Sequoia Ave. Harry E. Skrentny-3836 No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK WORK 195 7to. 192 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at_ m., from the causes and on the date stated above. 19 deceased alive on 23B. ADDRESS 23C PATE SIGNED 25A SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24D. LOCATION (City, town, or wunty) 24B. DATE Melville Cem. Elkridge. Md. July 11-52 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Ellsworth Armacost Inberty lights Ave. VS 150

DELTONORE TO SEE STATE OF THE RESERVE

15	30	#8-031	97
	50 EA00	E OF DEATH	Registered No. 6428
1.	NAME OF DECEASED EDWARD		2. DATE
	PLACE OF DEATH:	I 4 LISUAL DESIDENCE (W	DEATH 7-10-52 here deceased lived, If institution; residence
A	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	B. COUNTY before admission)
H	OSPITAL OR location	C. CITY OR TOWN (If	outside corporate limits, write RURAL and give
-	LATHERAN HOSPITH	Baltimore D. STREET ADDRESS (If r	07
C.	Bougth of stay in Baltimore Mos. Days		akewood Ave.
	94 /e 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years M Under 1 Year M Under 24 Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Child Child INDUSTRY	11. BIRTHPLACE (State or for	Baltimore U.S.A.
13	Louis Edward Powers	14. MOTHER'S MAIDEN NA	
15 (Ye	(If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Louis E. Powers,	ADDRESS
-	18. 384X . CAUSE	OF DEATH	INTERVAL BETWEEN
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rebral ERTIFICATI	Awaxia ON APPROVED BY
FA	OTHER SIGNIFICANT CONDITIONS CON-	ta,	TOURD BY
CE	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ASST. M	(20)
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINIS 19b.	RATION	OTCAL EXAMINER M. D. YES NO
IEDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.	in or 21C. WHERE DID (II	in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		OCCUR?
	22. I hereby certify that I attended the deceased from ?	-6-52-19 to 7	-/0-5219 that I last saw the
	deceased alive on 7-10-52-19 and that death occu	rred at 1235 Pm., from th	e causes and on the date stated above.
	Harald L. Dely M. M. D.	23B. ADDRESS	pill 23c. DATE SIGNED
2. TI	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ACTUAL CONTRACTOR OF THE PARTY	ATION (City, town, or county) (State)
D	Burial July 14, 1952 Holy Redeemen	c Cemetery 4430 25. FUNERAL DIRECTOR	Belair Rd. Balto. Md.
	OCAL REGISTRAR Huntington Williams MD.	Schimunek Funera	l-Home, Inc.
	VS 150		

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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 6429

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE RICHARD OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years | Il Under | Vear | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. If Under 24 Hours WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ork done during must of working life, even if retired) INDUSTRY LACKSMITH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn 9r unknown) (If yes, give war nr dates nf service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION MEDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (a.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) **INJURY OCCUR?** LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT AT WORK WORK . 1952, that I last saw the 22. I hereby certify that I attended the deceased from // . 1952 to deceased alive on 1964, 1952, and that death occurred at 6.45 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS Greenmourt an (State) 2AC NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

DR. L. E. SAYLO. 3902 GREAMOUNT

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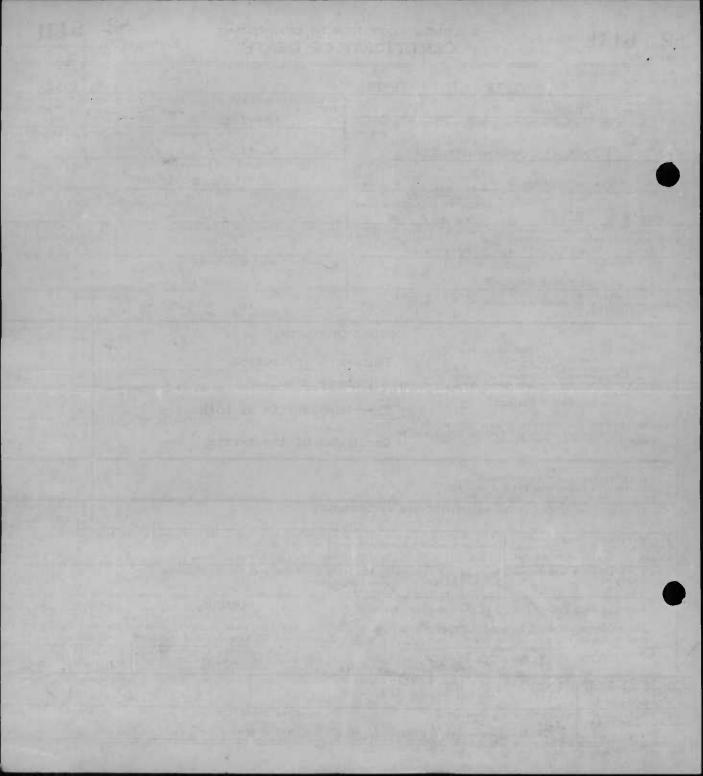
BALTIMORE CITY HEALTH DEPARTMENT Re CERTIFICATE OF DEATH

L.	52	84	20
gistered	No	04	DO

BIF	12 No. 6/	130		CERTIFICATI	E OF DEATH	Registered No	0430
(Ту	NAME OF Dope or Print)	LUCRETIA	REID	(SPENCE	WhitElev	2. DATE OF DEATH FULL	410 1952
Α.]		ity, Maryland		. /	4. USUAL RESIDENCE	Where deceased lived. If ips B. COUNTY	titution : residence before admission)
HO	SPITAL OR STITUTION	University	te P	tion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give township)
c		tay in Baltimore		Yrs. Mos. Days	11 /1	rural, give location)	Swy
5. 9	J	6. COLOR OR RAC	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	Nov 28 1860	9. AGE (In years If Un last birthday) Mont	der 1 Year If Under 24 Hours hs Days Hours Min.
ork	dono during most o	CUPATION (Give kind f working life, even if retire	of 108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country) 1	2. CITIZEN OF WHAT-COUNTRY?
	FATHER'S N	y E S	pen	ce	14. MOTHER'S MAIDEN N	AME Reid	V
15. Yes,	was DECEASE no or unknown)	D EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	Mercantile 17	-ust as Ba	off. Ind
	10-	.0 1			OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						4 days	
	heart failu	re, asthenia, etc. It m	eans the diseas	se.	Monia [/essin	<i>a)</i>	
	heart failu injury or	re, asthenia, etc. It m	eans the diseas caused deatl	se, h.) DUE TO	is-Schrosi	<u></u>	2 years
CATION	heart failurinjury or DISEASES RISE TO TE	re, asthenia, etc. It m complication which	eans the disease caused death JSES IF ANY, GIVII	ne (B)	is-Schrosia		2 fran
TIFICATION	heart failu injury or DISEASES RISE TO TI UNDERLY	re, asthenia, etc. It m complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A'ING CONDITION II	eans the disear caused death JSES IF ANY, GIVII) STATING TI LAST.	(B) (B) (C)	is-Ichrosia		2 fran
ERTIFICATION	heart failuring or injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING	re, asthenia, etc. It m complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION II I I I I I I I I I I I TO THE DEATH, BU	eans the disear caused death JSES IF ANY, GIVII A) STATING THANST. DITIONS CONTONE TO THE CONTONE CONTONE CONTONE CONTONE CANTONE CONTONE CONTONE CONTONE CONTONE CONTONE CONTONE CONTONE CANTONE CONTONE CO	(B) (B) (C) (C) (C)	is-Schroir		2 jun
CERTIFICATION	heart failuring or DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING TO THE DI	re, asthenia, etc. It m complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A'ING CONDITION III	eans the disease caused death JSES IF ANY, GIVII) STATING THAT THE CONTROL CONTROL CONTROL CONTROL CONTROL CAUSING	(B) (B) (C) (C) (C)			2 / m 20. AUTOPSY?
EDICAL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE O	re, asthenia, etc. It m complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION IN TO THE DEATH, BU SEASE OR CONDITION F OPERATION OF THE PROPERTY	eans the disease caused death JSES IF ANY, GIVII AST. DITIONS COLD T NOT RELATION CAUSING 19B. MAJOR	(B) (B) (C) (C) (C) (C)	ATION or 21c, WHERE DID (If in Baltimore City, giv	2 Junn 20. AUTOPSY? YES NO
MEDICAL CERTIFICATION	DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE OF LYING OF CAUSE OF	re, asthenia, etc. It m complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION IN TO THE DEATH, BU SEASE OR CONDITION F OPERATION OF THE PROPERTY	eans the diseas caused death JSES IF ANY, GIVII) STATING THE CAUSING TO THE C	NG HE DUE TO (B) (C) (C) (C) (C) (C) (C) (C)	ATION or 21c, WHERE DID (1) to.) INJURY OCCUR?		2 Junn 20. AUTOPSY? YES NO
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MEDICAL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER S TRIBUTING TO THE DI 19A. DATS O 21A. ACCID LYING OF CAUSE OF 21D. TIME (FINJURY) 22. I hereby	re, asthenia, etc. It m complication which antecedent Call Gor Conditions, he above cause (A ING CONDITION II) IGNIFICANT CONITOTHE DEATH, BU SEASE OR CONDITION FOPERATION FOPERATION FOR CONTRIBUTING DEATH Month) (Day) (Year Contributing Death	pans the disease caused death JSES IF ANY, GIVII A) STATING THAT IN STATING THAT IN CAUSING T	NO. (B) (B) (C) (C) (C) (C) (C) (C)	ATION or 21c, WHERE DID (10,10) INJURY OCCUR? ED 21f, HOW DID INJUR 1957, to	y occur?	2 7 sen 20. AUTOPSY? YES NO P e exact location) that I last saw the
MEDICAL CERTIFICATION	DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE OF 21A. ACCID LYING OF CAUSE OF 21D. TIME (FINJURY) 22. I hereby deceased al 23A. SIGNAT	Re, asthenia, etc. It me complication which which antecedent Call Corrections, he above cause (A ING CONDITION TO THE DEATH, BU SEASE OR CONDITION FOPERATION OF CONTRIBUTING DEATH Month) (Day) (Year ive on the contribution of	pans the disease caused death JSES IF ANY, GIVII A) STATING THAT IN STATING THAT IN CAUSING T	NO. (B) (C) (C) (C) (C) (C) (C) (C)	ATION DOT 21C. WHERE DID (1) Ste.) INJURY OCCUR? ED 21F. HOW DID INJURE Tred at 25 m., from (3B. ADDRESS)	the causes and on the	2 Zean 20. AUTOPSY? YES NO De exact location) that I last saw the date stated above. 23c. DATE SIGNED
MEDICAL CERTIFICATION	heart failuring up or injury or DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE OF CAUSE OF CAUSE OF CAUSE OF INJURY 22. I hereby deceased all	Re, asthenia, etc. It me complication which which antecedent Call Corrections, he above cause (A ING CONDITION TO THE DEATH, BU SEASE OR CONDITION FOPERATION OF CONTRIBUTING DEATH Month) (Day) (Year ive on the contribution of	pans the disease caused death JSES IF ANY, GIVII STATING THAN THAN THAN THAN THAN THAN THAN THAN	NO. (B)	ATION DOT 21C. WHERE DID (1) Ste.) INJURY OCCUR? ED 21F. HOW DID INJURE Tred at 25 m., from (3B. ADDRESS)	the causes and on the	2 7 Sun 20. AUTOPSY? YES NO Pe exact location) that I last saw the date stated above. 23c. DATE SIGNED Sully (State)
C	DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE OF 21A. ACCID LYING OF CAUSE OF 21D. TIME (FINJURY) 22. I hereby deceased al 23A. SIGNAT	ANTECEDENT CAN SOR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION IN IGNIFICANT CONDITION TO THE DEATH, BU SEASE OR CONDITION ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Yea W certify that I a ive on TURE TURE TO THE CONTENT IN INCOMPLETE IN IN IN INTERPRETE IN INTERPRETE IN IN INTERPRETE	pans the disease caused death JSES IF ANY, GIVII STATING THAN THAN THAN THAN THAN THAN THAN THAN	NO. (B) (B) (C) (C) (C) (C) (C) (C)	ATION a or 21c, WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJUR 1957, to red at 2 m., from 38. ADDRESS RY OR CREMATORY 240. I	the causes and on the	2 Zean 20. AUTOPSY? YES NO De exact location) that I last saw the date stated above. 23c. DATE SIGNED

Mr. Cally chatand 9-11 am

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5	2 64	31			EALTH DEPARTMENT	Registered	2 6431 No.	
	RTH NO.			CERTIFICATI	E OF DEATH	registered .		
	NAME OF D		LSIE ~	r. Klein	KLINE (az)	2. DATE OF DEATH July	8, 1952	
	PLACE OF D				4. USUAL RESIDENCE	Where deceased lived. It B. COUNTY	institution: residence before admission	
В. 1	FULL NAME		tal or institut	ion, give street address or location)			A TOTAL TOTAL A TOTAL	
	SPITAL OR STITUTION	Franklin So	quare Ho		c. CITY OR TOWN (Baltimon	19_	ts, write RURAL and give township	
				Yrs. Mos.	D. STREET ADDRESS ()			
		tay in Baltimore		Days	'l. —	mmon Street	If Under 1 Year If Under 24 Hours	
5.	Female	6. COLOR OR RACE	MADDA	MARRIED, VED, DIVORCED (Specify)	6/5//911	9. AGE (in years last birthday) M	onths Days Hours Min.	
work		CUPATION (Give kind of working life, even if retired	f 10B. KIND	Paint Paint	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY	
	FATHER'S		10 (557)	(41	14. MOTHER'S MAIDEN			
		Unkno	rwn		Unl	(nown		
	. WAS DECEAS	ED EVER IN U.S. ARMS (If yes, give war or dat	D FORCES? les of service)	16. SOCIAL SECURITY NO.	ATT INTEGRALATION		DDRESS	
					Betty arnold	215 5-402	rio st.	
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ONSET AND DEATH (A) Pulmonary infarction (B) Thrombophlebitis of both legs (B) Carcinoma of the cervix							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Ü	19A. DATE C	OF OPERATION	19в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e.g., io or UNDERLYING OR CONTRIB. about home, farm, factory, street, office hidg., etc.) 21B. PLACE OF INJURY (e.g., io or UNDERLYING OR CONTRIB. about home, farm, factory, street, office hidg., etc.)							
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
22. I certify that I took charge of the remains described above, held an Auto						psy	_ thereon and from	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decand death in my opinion resulted from: natural causes \mathbb{\mathbb{Z}} accident \mathbb{\mathbb{\mathbb{L}} suicide \mathbb{\mathbb{L}}\)							he day stated above undetermined [].	
	23A. SIGNA	TURE	8Fin		23B. CHIEF MEDICAL ASSISTANT MEDICAL A.D. MEDICAL INVESTIGA	L EXAMINER 2 L EXAMINER	July 9, 1952	
	N. REMOVAL	Specify)	1/52	24c. NAME OF CEMETE	RY OR GREMATORY 24D.	LOCATION (City, town	. Md.	
	ATE RECEIVE	RAR Hunti	r's signati	Velliaus M.P.	25. FUNERAL DIRECTOR	217 St. Pan	ADDRESS	
V	S 151	2	07	6904	10		1	



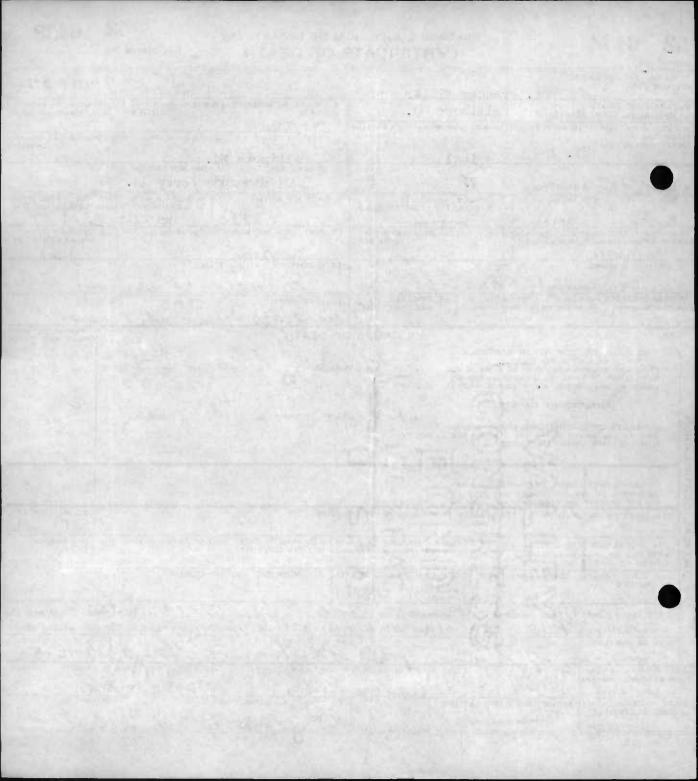
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6432

Registered No.

I. NAME OF D	ECEASED				2. DATE	1	-10-	54.
Type or Print)	Mrs.	Frances	Miller		OF DEATH	1	10	30
B. PLACE OF D. Baltimore		Baltimo		4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)				
S. FULL NAME		tal or instituti	on, give street address or location)	c. CITY OR TOWN (If o	utside corporate lim	Ota	A DITE	
NSTITUTION	St. Acr					iius, wr	ne Kuk	township)
44	St. Agnes	Hospita	Yrs.	Baltimore Md.	ural, give location)			
E. Leagth of s	stay in Baltimore	77	Mos. Days	3007 Hammonds	Ferry Rd.		530	0
5. SEX	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under Ionths	Days I	Hours Min.
Female	White CUPATION (Give kinds		erried	11. BIRTHPLACE (State or for	eign country)	1 12.	CITIZE	N OF
	of working life, even if retired		INDUSTRY		,	1	WHAT	COUNTRY?
Housew				Maryland 14. MOTHER'S MAIDEN NA	ME		U_	S A
,		Raca	11.		1.		1	
WAS DECEAS	M/(MOTON) ED EVER IN U, S. ARMI	D EODCEST	16. SOCIAL	Trances	Unkn		4)	
Yes, no or unknown)	(If you, give war or day	es of service)	SECURITY NO.	17. INFORMANT	3007,	ADDR	RESS	01
11.0			C	1	umonas T	47.	NY	AL BETWEEN
18. 175	X		CAUSE	OF DEATH'				AND DEATH
DISEA	SE OR CONDITION		Ma	0.10		,	979	
(This does	s not mean the mode ure, asthenia, etc. It me	of dying, e. g	(A)	many of the				
	complication which			9				
	ANTECEDENT CAUSES							
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO T	ISE TO THE ABOVE CAUSE (A) STATING THE DUE TO NDERLYING CONDITION LAST.							
S	ino conbinon i		(C)	***************************************	•••••••			*******************
	П	-30000	DEMONSTRATES					
	SIGNIFICANT CON							
	G TO THE DEATH, BUT							
19A. DATE	OF OPERATION	19B. MAJOR	RATION			i r	UTOPSY?	
5	LOSS DI ACE OF INJURY (1 - is al 21c WHERE DID. (18 in Politimore City					givo	YES L	NO L
21A. ACCIE	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?							ocation)
CAUSE OF	DEATH							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT MOT WHILE AT WORK AT WORK								
22. I hereby certify that I attended the deceased from 7-6-, 19 40 7-(3, 19 4 at I last deceased glive on 7-10, 1954 and that death occurred at 11:00 ft., from the causes and on the date stated								
23A. SIGNA	TURE	1	-1.0	238. APPRESS	XIm	2	An .	TE SIGNED
1 7/-	my N-	10	244 NAME OF CEMETE	A - T- Y - A - A	CATION (City, DW	ID OF C		(State)
24A. BURIAL, TION, REMOVAL	Specify)		241 NAME OF CEMETE	TO 1	1	200	/	(2000)
Burn		1/52	meadow	Kiagi 1	VOTOEN	M	DPECC	
DATE RECEIVE	TDAD	R'S SIGNATU	IRE Mile	25. FUNERAL DIRECTOR	0 7	AL	7 4	
111 1 1 1		ington ,	Vellegier Mi	112 ONG YREC. 6	27 V. Fa	ux	12/	•
VS 150	308	0 , 1	. 5 . 97.	0				
		1						



Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	registered 110.	
1. NAME OF DECEASED			2. DATE	
(Type or Print)		Millon	OF JUL 1	1 1052
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Who		titution: residence
A. Baltimore City, Maryland	mba1	A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institut		Md.		
HOSPITAL OR JOHNS HOPKINS HO	CDITAS location)	C. CITY OR TOWN , (If or	itside corporate limits, v	vrite RURAL and give
	SFIIAL	Baltima	re, del	- 2 (Waship)
	Yrs.	D. STREET ADDRESS (If ru	ral, give location)	
T C L C D III	Mos.	2/22016	11 01.	
c. Length of stay in Baltimore	Days	36 R R 151E	N HYE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	ns: Days Hours Min.
0 1/2 1 1/4	rried	12-3-75	76	
IOA. USUAL OCCUPATION (Givekind of 10B. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country) 12	2. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY	00)	WHAT COUNTRY?
merelant need	wear	_ oland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
George mille	. /	gennie /	?abinson	
15. WAS DECEASED FER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADD	RESS
Yes, no or unknown) (Af yes, give war or dates of service)	SECURITY NO.	JOHNS HOPKIN		WE33
		JOHNS HOPKII	13 HOSPITAL	
18. 162X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
(This does not mean the mode of dying, e.	. Brow	chegenic Concerns	-414	7
heart failure, asthenia, etc. It means the diseas	se,	T.	,	
injury or complication which caused death	h.) DUE TO			
ANTECEDENT CAUSES				
	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVIN	NG	***************************************	***************************************	1
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO			
	(C)	***************************************	***************************************	***************************************
				-
OTHER SIGNIFICANT COMPITIONS OF				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE	ED			
TO THE DISEASE OR CONDITION CAUSING I				
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
				YES NO
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		in Baltimore City, give	e exact location)
LYING OR CONTRIBUTING about home,	larm, lactory, street, omco mag.,	INSORT OCCURT		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
AT INJURY				
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the	deceased from 7-	3 - 1952 to 7-	-// - , 195 R	that I last saw the
1 -2.1 hereby certify that I attended the	ueceasea from	rred at 420 fm., from the		
		3B. ADDRESS		
23A. SIGNATURE	2	JOHNS HOPKINS HO	SPITAL	23c. DATE SIGNED
prension c. D.	ouse M. D.			11113
24A, BURIAL, CREMA- 24B, DATE	24 NAME OF CEMETE	RY OR CREMATORY 240. LOC	CATION (City www, or	county) (State)
11exec 8 7-10-05	Gastemor	2 Nelword	Hall	o rua
DATE RECEIVED BY REGISTRAR'S SIGNATU	IRF	5. FUNERAL DIRECTOR	A	DDRESS /
LOCAL REGISTRAN	16.	1 - au Fa - H		to 80.
JUL 1 1936 Turtington	Minus Will	EICK Dewes But	1 X100 Q	man / D
VC 1EO	1	1 1 2 0		

NOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASS'T. MEDICAL EXAMINER

2	50
52	6434
BIRTH	NO.
1. NA.	e OF DECEAS
(Type o	r Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.	CERTIFICATI		
1. NAME OF DECEASED	Virginia	2. DATE	7050
(Type or Print)	ethel / Tyson	of July 9,	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
B. FULL NAME OF (If not in hospita	al or institution, give street address of location		ADUDA
HOSPITAL OR INSTITUTION		C. CITT ON TOWN	RURAL and give ownship)
University I		Baltimore	
c. Bength of stay in Baltimore	Yrs. Mos. Dayı	762 W. Baltimore Street	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years fill Under last birthday) Months;	Yest If Under 24 Hours
female white	Married	Aug. 25, 1906 45	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR		CITIZEN OF WHAT COUNTRY?
Housewife	at home	West Virginia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Arbhur Helmick		Sarah Blackburn	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT ADDRE	ESS
no	no	Mr. Norris E. Tyson-762 W. Balt	to. St.
18. 025X		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION		16.7	ONSET AND DEATH
LEADING TO DEAT		litic meningo-encephalitis	
(This does not mean the mode o heart failure, asthenia, etc. It mean	ns the disease,	WARRED VIII VIII VIII VIII VIII VIII VIII VI	
injury or complication which co	aused death.) OUE TO		
ANTECEDENT CAUS	ES		
DISEASES OR CONDITIONS, IF	F ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE OUE TO		
∢	(C)		
OTHER SIGNIFICANT CONDI			
TRIBUTING TO THE OEATH, BUT	NOT RELATEO		
TO THE DISEASE OR CONDITION	98, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY'?
19a. DATE OF OPERATION 15	SB. MAJOR PINDINGS OF OPE		YES NO
214 EXTERNAL CALISE WAS	218. PLACE OF INJURY (c. g.	in or 21c. WHERE DID (If in Baltimore City, give	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	about home, farm, factory, street, office bldg	r, etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year)			
	m. WHILE AT NOT WHILE		
22. I certify that I took char	ge of the remains described		acreon and from
		Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the de	ay stated above
and death in my opinion	resulted from: natural caus	es X, accident , suicide , homicide , under	terminea .
23A. SIGNATURE	(1) 0 0	238. CHIEF MEDICAL EXAMINER 23C. D.	10, 1952
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)		TERY OR CREMATORY 240. LOCATION (City, town, or co	ounty) (State)
Removal 7/12/	52 Lutheran C	em. Shrewsbury, Pa.	
DATE RECEIVED BY REGISTRAR	S SIGNATURE		RESS
LOCAL REGISTRAR	+ - WH. C. VIZ	Winney Licenson +x	Sorus
V S 151	The state of the s	A A A	nri
V 5 1)1	A	I DAIAN I	1. 11/4

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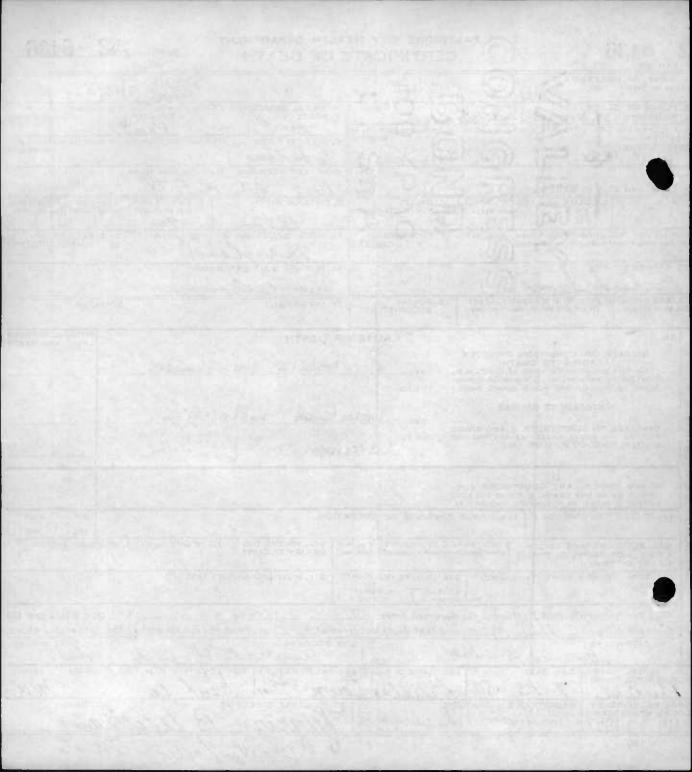
326 CERTIFICATE CORRECTED	7-18-52
BALTIMORE CITY H	E OF DEATH Registered No. 6435
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) FRANK L. BUTCHER	2. DATE OF DEATH July 9. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland Baltimore
INSTITUTION	township)
St. Joseph's Hospital	ESSEX D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	814 Brunswick Road
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
male white married 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	Feb. 27, 1910 34
work done during most of working life, even if retired) Electrician Railroad	Penna. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Butcher	Barbara Bittorie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ESSEX
yes World War II	Mrs. Laurine Butcher - 814 Brunswick Rd.
1 2 1 2 1	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Asphyx.	ia
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bldg. OTHER CAUSE OF DEATH. DEATH. DEATH.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
	e Clifton Park 9-/
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
11 y 9, 1952 3:30 P. m. WORK AT WORK	X Struck by lightning
	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above, as \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE & Durlacher,	238, CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	
Burial 7/14/52 Balto Nation	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HILL 1 1057 Huntington Williams Hill	25 UNERAL DIRECTOR ADDRESS
VS 151 1984 X 51	Sco Poeto 17 Med

Ein Hickory von

00	0
2	6436
BIRTH	NO.
1. NAM (Type o	E OF DEC

1	Registered No.	6436
1		

CERTIFIC	CATE OF DEATH Registered N	2 6436
NAME OF DECEASED	2. DATE	
Type or Print) ANNA WHIE	OF DEATH 710	52
B. PLACE OF DEATH: Baltimore City, Maryland American Afoco FULL NAME OF (If not in hospital or institution, give street add	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
IOSPITAL OR / loc	cation) C. CITY OR TOWN (If outside corporate limits,	, write RURAL and give township)
LINIVERSITY HOSPITAL	Worlow	vo w nomy)
. 1 agth of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Bot 122 R. F. W.	6400
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Inder 1 Year H Under 24 Hours this Days Hours Min.
OA. USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired) INDU		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S NAIDEN NAME	
Richard Sury	Instice Queby	
5. WAS DECEASED EVER IN U. SARMED FORCES? es, ao or nuknown) (If yes, give war or dates of service) SECURITY	NO. INFORMANT AD	DRESS
18. 171LX CAL	JSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	electrolyte imbalance	
injury or complication which caused death.) DUE TO	0	
ANTECEDENT CAUSES	-160014.4.	
DISEASES OR CONDITIONS, IF ANY, GIVING	strestmal obstruction	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	body of uterus	
(C)	areinmatosis stomach	
11		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY about home, farm, factory, atreet, office CAUSE OF DEATH		ve exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?	
WHILE AT NOT	WHILE	
22. I hereby certify that I attended the deceased from-	7/1 1952 to 7/10 1952	that I last saw the
deceased alive on 7/10, 1952, and that death		
Donald A. Wayel M.	D. Lewesty Hospital	23c. DATE SIGNED
	METERY OR CREMATORY 246. LOCATION (City, town, o	or county) (State)
Durial 7-13-02 Buller	Lown Dan Kent Lo	. md
ocal registrar tuntington Viliaus, M	25. EUNERAL DIRECTOR	ADDDECC
The state of the s	P. MAKATE 12 /1/10	ADDRESS
VS 150	P. Maryn B. Will	ans'



460 BIRTH 6437	BALTIMORE CITY HE CERTIFICATI		Registered No.	6437
1. NAME OF DECEASED (Type or Print)	TAUlor		2. DATE OF 7-9	-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUME RESIDENCE (V	Where deceased lived. If ins	titution; residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION)	al or institution, give street address or location)	c, CITY OR ZOWN (If	outside corporate limits, y	write URAL and give township)
c. Ogth of stay in Baltimore	50 years Yrs. Mos. Days	D. STREET ADDRESS (A	rural, give location)	
5. SEX 6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years Hund Month	det 1 Year It Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during mort of working life, even if retired) 13. FATHERYS NAME	108 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or 10		CITIZEN OF WHAT COUNTRY?
Stilliam Yaylor		14. MOTHER'S MAIDEN N.	AME	/ 4
15. WAS DECEASED EVER IN U.S. ARMEI Yee, no or unknown) (If yee, give war or date	FORCES? I6. SOCIAL SECURITY NO.	SULLIN O POL	UN 3419 H	CROW Granue
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the heart failure, asthenia, etc. It means injury or complication which of the complex o	DIRECTLY TH Of dying, e.g., ins the disease, caused death.) DUE TO SES (B) Art (C) DIRECTLY (A) (A) (B) (A) (C) (A) (C) (A) (C) (B) (A) (C) (C) (A) (A	etes Mell	011	druf 246
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		or 21c. WHERE DID (I	entation) If in Baltimore City, give	20. AUTOPSY7 YES NO exact location)
deceased alive on 7-9-52 23A.SIGNATURA	ended the deceased from	30-52, 19 , to 7 red a 245 P m., from to 35 ADDRESS	2-9-52,19, the causes and on the	
248. BURIAL, CREMA- ION REMOVAL Specify) DATE RECEIVED BY REGISTRAR OCAL REGISTRAR	24c. NAME OF COMETE 1952 SSIGNATURE	RY OR CREMATORY 245 L	MANY Co.	Maustralia (State)

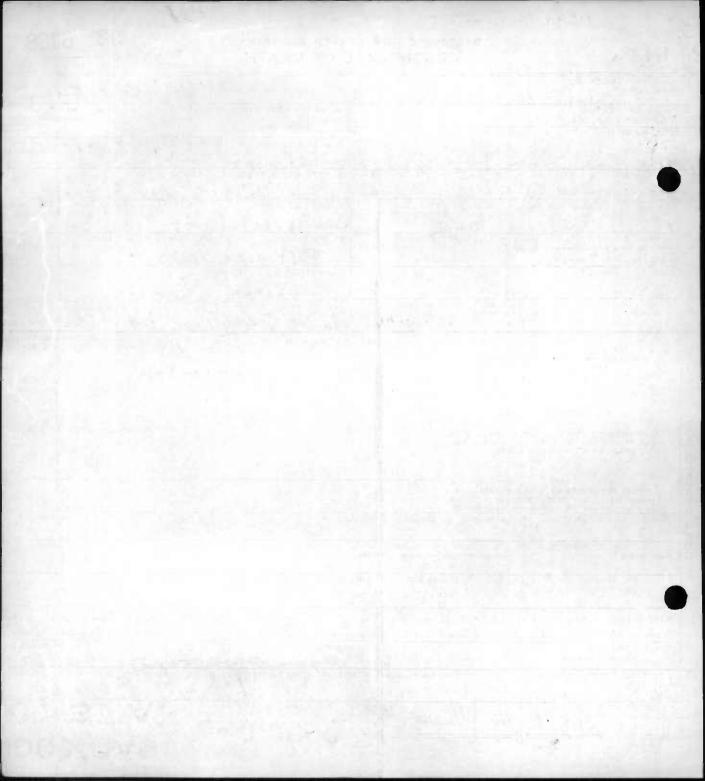
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L. REGISTRAR

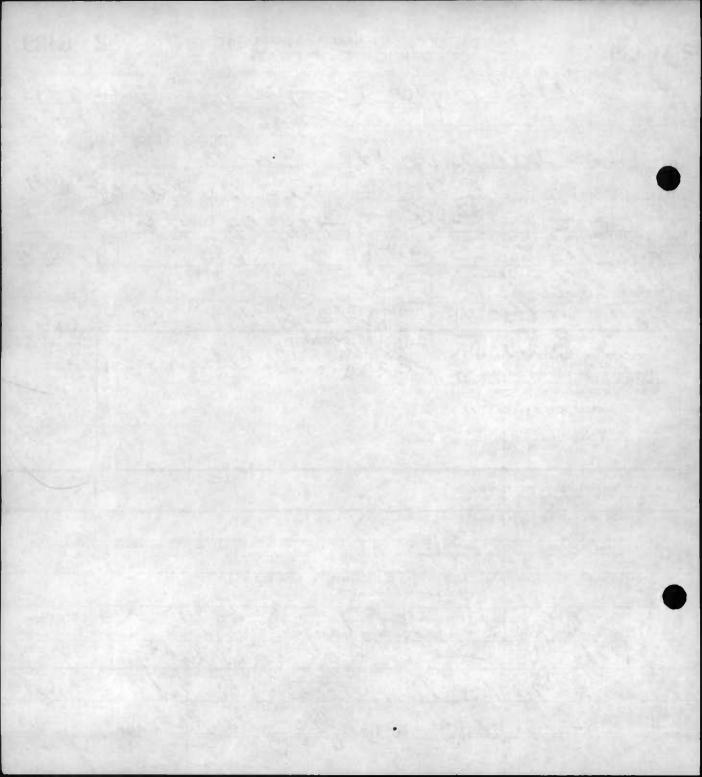
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4. Durgee

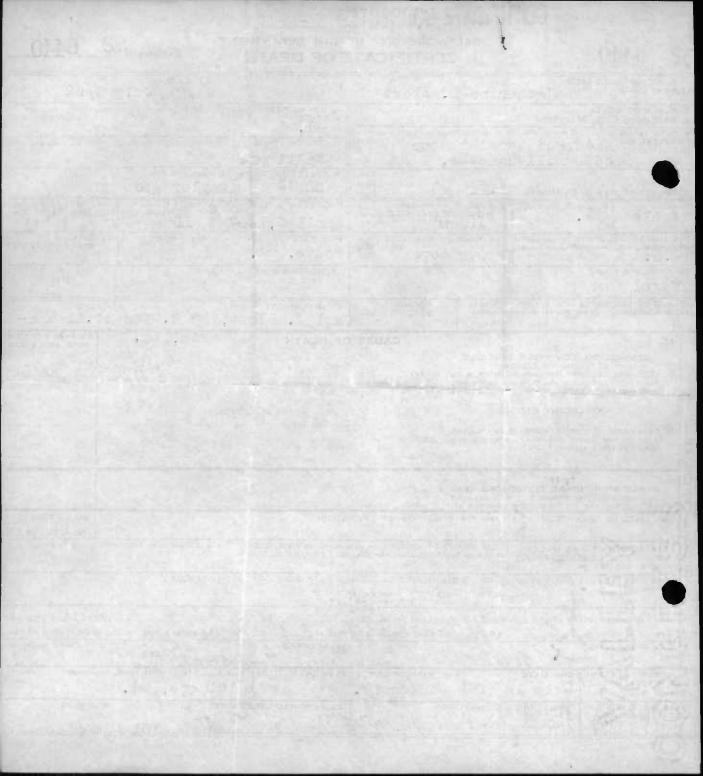
2	521	ODAH	M. 1	REDDII	VG-							
BI	6438 RTH NO.						EALTH DEPARTME	ENT	Regis	52 tered No.	3 (6438
1.	NAME OF D ype or Print)	odah	М.	Red	din			1	OF DEATH	7-11	5-5	2.
	PLACE OF D Baltimore C		i		0		4. USUAL RESIDENCE	CE (Whe				: residence ore admission)
B. HC	FULL NAME OSPITAL OR			or institution	n, give street	address or location)	c. CITY OR TOWN	(If out	tside corpor	ate limits, y	vyrite Wi	RAL and give
IN	Kery	and Gen	Dong	Harr	ital.		Baltimor	e		2	00	township)
) I	Length of s	tay in Baltimo		dile)	Yrs. Mos. Days	D. STREET ADDRESS	ld on	4			
_	SEX	6. COLOR OR R		. SINGLE,	MARRIED, D, DIVORCE		8. DATE OF BIRTH		. AGE (In	years H Unc	ler I Year	Hours Min.
	F	W		Sim	26		Jan. 16, 189	5	57			
work	done during most o	CUPATION (Give	etired)	OB. KIND	F BUSINES	SS OR NDUSTRY	11. BIRTHPLACE (State	/	n country	10, 12	WHA	T COUNTRY?
	. FATHER'S N				Tel	.00	13 Lt (MO)		E P	MV I	<i>D</i>	٠٠.
	Wm	E. Re	2601	M9.	(0)		Elizabe	the .	Ban	ber	1	
	WAS DECEASE , no or naknown)	ED EVER IN U.S. (If yee, give war			16. SOCIAL SECURI	TY NQ.	Tillem Ome	rullu	ding.	1344 7	ildo	v are.
CERTIFICATION	(This does heart failus injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION TO SOME CONDITION ANTECEDENT SOR CONDITION HE ABOVE CAUSIVING CONDITION HE ABOVE CAUSIV	DEATH node of of It means hich cau CAUSES NS, IF A E (A) S ON LAST	dying, e. g., the disease, sed death.) S MNY. GIVING THE ONS CON- OT RELATED	(A) DUE TO (B) DUE TO (C)		of DEATH ominal Care	Ciri	nata	. v.		VAL BETWEEN
		F OPERATION		MAJOR F		OF OPER	RATION					AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	a		E OF INJUI				n Baltimor	e City, give	YES e exact	location)
	2 1D. TIME F INJURY	(Month) (Day) (Year) (H	wh	IE. INJURY	NOT WHILE		NJURY C	CCUR?			
	22. I hereb deceased a	live on 1-	I atten	ded the d	eceased frond that dec	ath occur	21-53-19_, t rred at 3 pm., fr	to Z-	causes a	nd on the	date s	last saw the tated above. ATE SIGNED
		trank	de	· Has	uler	M. D.	Haglane Ger	are	Hosp	ital	7-	10-52
1	N REMOVAL (S	Muy	14-19	352 24	L'HAME OF	CEMETE	daes 1	LARIK	wille	Mar	Man	ud
	ATE RECEIVE OCAL REGIST		RAR'S	SIGNATOR	tiacus.	M.P.	25 FUNERAL DIREC	MUL	of Home	2 36	31 98	allo Road
	VS 150		0	7 5	3	370	SA No	race	F. 131	ugee		



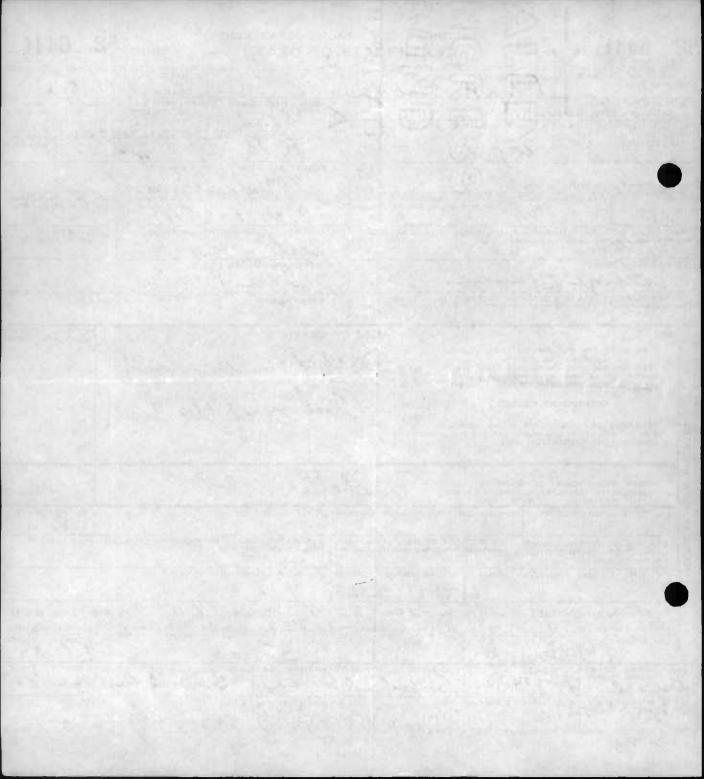
2 6439	BALTIMORE CITY HE CERTIFICATE		Registered No.	6439
1. NAME OF DECLASED (Type or Print)	79 0 /		2. DATE	
3. PLACE OF DEATH:	voyeor (4. USUAL RESIDENCE WI		9-/952 ution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of HOSPITAL OR	r institution, give street address or location)	c. CITY OR JOWN	B. COUNTY	before admission)
INSTITUTION 5/57.	Carey St	Balto	disale corporates amits, vir	RAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If re	ural, give location)	St
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9: AGE (in years Hoder last birthday) Toorths	You It Unday 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of loverk done dering most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY	11. BATHPLACE State or for		CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME		14. MOTHER'S MAIDEN NA	1. (SA
15. WAS DECEASED EVER IN U. S. ARMED FO	PRCEST 16. SOCIAL			
(Yes, no or unknown) (If yes, give war or dates of	security No.	17. INFORMANT Class	5/57)	· Careels
18. 422.1 I	CAUSE		1	NTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means t	ying, e.g., 6ard	(10 Vas Cula	es A/slave	>
injury or complication which caus	ed death.) DUE TO			
DISEASES OR CONDITIONS, IF AN	(B)			
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.				~.
OTHER SIGNIFICANT CONDITION	NS CON.			
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED			
19a. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERA			20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING AL CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in cout home, farm, factory, street, office bldg., et	tor 21c. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, give es	xact location)
21D. TIME (Month) (Day) (Year) (Ho	Dur) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I dttene	m. WORK ATMORK	7 4 52 2	29 52 the	nt I last saw the
deceased alive or the 6 , 1	and that death occur	red at 720 Tm., from the	causes and on the da	te stated above.
24A. BURIAL CREMA- 244 DATE	M. D. 7	-03 MRQ ON	CATION (City, town, or con	19.52
TION DE MOVAL (Specify) 7/12	152 andre	tus as	buttus.	md
DATE RECEIVED BY REGISTRAR'S S	IGNATURE	25. FUNERAL DIRECTOR	Kelon	1303
VS 150	or VVIII dies , My	6100 7	- 6	24-
the state of the s		mess!	man &	



BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 9/52 Catherine M. Ebert 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Anderson Nursing Home location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 3605 Hillsdale Rd. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. Taylor Ave Life c. Length of stay in Baltimore Days 1868 9. AGE (In years if Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6. COLOR OR RACE Temale April 3(1867) Widow 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. "d. Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Nagel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. erl J. Ebert, 730 S. Lee St. Alexan-INTERVAL BETWEEN CAUSE ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21B, PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT 1922 to. . 1952, that I last saw the 22. I hereby certify that I attended the deceased from deceased glive on July 9 1952 and that death occurred at m., from the dauses and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or/county) 24B. DATE Baltimore and. Loudon Pk. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Vallacus. Idmondson Ave VS 150



655 2 6441 BIRTH NO. BALTIMORE CITY HI CERTIFICAT	EALTH DEPARTMENT E OF DEATH Registered No.2 6441
1. NAME OF DECEASED (Type or Print) Olas R. BORMAI	2. DATE OF 7.//. 52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OF TOWN (If outside corporate limits, write LURA) and give township)
Jenai Hospital	D. STREET ADDRESS (If ural, give location)
c. Hength of stay in Baltimore 40 Mos. Days	409 S. Lehich St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE on years It Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	epatic acidoris ushors of the lever
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hete,
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MORK NOT WILLE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	9, 1952to 7.11, 195 7that I last saw the
C. C	rred at 70 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) July 14-52 AM. D.	The state of the s
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	18430



6	25	
5	6442	
BIRT	H NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No.2 6442

BI	D444	CERTIFICATI	E OF DEATH	Registered I	WS 6445
1.	NAME OF DECEASED	MORGAN.		2. DATE OF DEATH	19/52
A.	Baltimore City, Maryland		A. STATE		institution: residence before admission)
H	OSPITAL OR	ution, give street address or location)		(If outside corporate limit	
٥	911 S. EAST	AVE Yrs.	BALTIMOI D. STREET ADDRESS	RE MOL	(township)
c.	Length of stay in Baltimore 57	year. Mos.	911 3. E.	AST. AVE	
5.	SEX 6. COLOR OR RACE 7. SING WIDO	LE, MARRIED. DWED, DIVORCED (Specify)			t Under 1 Year Hunder 24 Hours onths Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of 10B. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF
1	CETIRED WATENTENDE	R. St'oil to	ENGLAND		WHAT COUNTRY
13	FEDRAF MORKA	Ne Fining	14. MOTHER'S MAIDEN	O W N	
15 Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? n, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
`			KATHERINE M	ORGAN 911.5	
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	Y e.g., (A) ase,	of DEATH	Denne	ONSET AND DEATH
7	ANTECEDENT CAUSES	(B) See	Lilis melles	in	Jon 3/50
CATIO	DISEASES OR CONDITIONS, IF ANY, GIV RISE TD THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		k coming ?	himbre,	Jan 3/50
ERTIF	II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE OEATH, BUT NOT RELA TO THE OISEASE OR CONDITION CAUSING	TED	retrol Hen	montage	July 7/52
1	194. DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC		LACE OF INJURY (e. g., in the property of the		(If in Baltimore City,	
2	FINJURY (Month) (Day) (Year) (Hour)	21E, INJURY OCCURR WHILE AT WORK			
	22. I hereby certify that I attended th		1-3-,1900, to rred at /1 2.m., from		that I last saw the
	deceased alive on , 19.4		238. ADDRESS 8428 Z.S	the causes and on t	23c. DATE SIGNED 7-11-52
TIC	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	DAK LAV	RY OR CREMATORY 240	ALTIMORE	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNA		25. FUNERAL DIRECTO	0 00	ADDRESS

VS 150

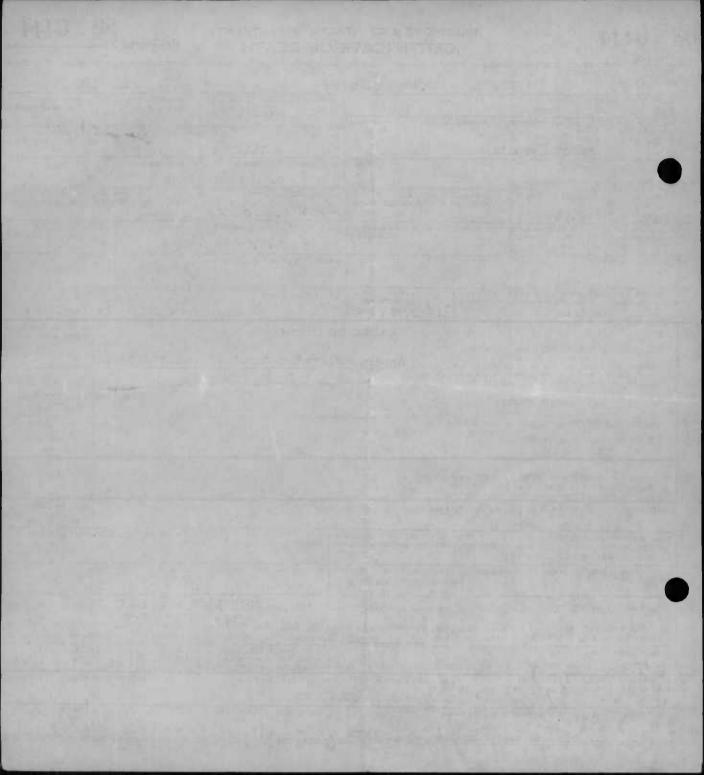
Pr Jehrande.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6443

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) MELVA M. GI	OLE 2. DATE OF 7/9/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live). If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
1227 HOLBROOK ST	BALTIMORE (township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Bength of stay in Baltimore Mos. Days	1227 HOLBROOK ST				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH SEPT. 1 1922 9. AGE (In years If Under I Year Industry) Months: Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
ork done during most of working life, even if retired) AT HOME INDUSTRY	BALTIMORE MP WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
LEO, CALLENDER	JESSIE MARTIN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
	CHARLES.T. COLE 1227 HOLBROOK ST				
18. / 7/ X CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	DIALLO TOTAL IA POLOTE A DILLO				
(This does not mean the mode of dying, e.g., (A)	accounting any 2 years				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	rolanter into tomeral land				
DISEASES OR CONDITIONS, IF ANY, GIVING	manay in 2 willing 6 mills				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST. (C)					
II					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.					
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
2 SP PLACE OF INTURY (YES NO				
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?				
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from June 26 1952, to July 9-, 1952, that I last saw the					
deceased alive on July 8, 1952, and that death occur	0 (1)				
	38. ADDRESS CALL DE 23C DATE SIGNED				
Co Tell Hall MM.D.	1631611 our are July 10-32				
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
	- HAMPON BALTIMORE MY				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
JUL 1 1952 Thurtington Williams, Mis	Sparencest ATTIMann 1609 13 (10 AD WAY				
VS 150	9 1 1 400				

2 1631 & noth are

12	644	4	BAI	CERTIFIC				Register	red No	6444
BI	RTH NO.									
	NAME OF Deprivation of the property of the pro	DECEASED	EDWARD	J.	SCULLEY	.SOULL		OF DEATH	July 10	, 1952
	PLACE OF E Baltimore	City, Maryland			Α.	USUAL RESIDI	ENCE (Whe	re deceased liv B. COUNT		tion: residence before admission)
HC	SPITAL OR STITUTION			tion, give street add lo	4.0	CITY OR TOWN	(lf ou	tside corporate	Units, writ	RURAL and give township)
		Mercy Hos	spital				imore			
C.	Length of	stay in Baltimor	e		Yrs. D. Mos. Days	STREET ADDR	ess (If rui larket F		on)	
	sex Male	6.COLOR OR RA	CE 7. SINGL WIDOV	E, MARRIED, VED, DIVORCED		AN-15	1886	last bi thdo	rs If Under 1 ') Months I	fear If Under 24 Hours Days Hours Min.
10	A. USUAL Od done during most	CCUPATION (Give kind of working life, even if ret			USTRY	BIRTHPLACE (ign country)		ITIZEN OF THAT COUNTRY?
13	REIK.		7	DICENT		MOTHER'S MA		7		
								4		
15 (Yes	, no or unknown	SED EVER IN U. S. AF (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY	78 M	INFORMANT	RINE WE	Mer 16.	30 If 11	ins ST
ERTIFICATION	(This do heart fai injury o DISEASI RISE TO UNDERL	ASE OR CONDITION LEADING TO IT es not mean the mo lure, asthenia, etc. It r complication whit ANTECEDENT C ES OR CONDITION THE ABOVE CAUSE LYING CONDITION SIGNIFICANT CO RG TO THE DEATH, ID DISEASE OR CONDITION DISEASE OR CONDITION OF THE CONDITION OF THE DEATH, ID DISEASE OR CONDITION OF THE DEATH OF THE DEATH, ID DISEASE OR CONDITION OF THE DEATH OF TH	DEATH de of dying, e. means the disea ch caused deat AUSES S. IF ANY, GIVI (A) STATING T LAST. NDITIONS CO	g., (A)Art.	erioscl	erotic ca	rdiovas	cular di		
U	19A. DATE	OF OPERATION	19B. MAJOF	FINDINGS OF	OPERATI	NC				20. AUTOPSY?
EDICAL	UNDERLYI	21A. EXTERNAL CAUSE WAS JNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,					DID (If i	in Baltimore	City, give ex	act location)
21d. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK										
	22. 1 cert	ify that I took	harae of the	remains descr	ribed abou	e. held an In	spectio	n & Inqu	uiry the	reon and from
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated a and death in my opinion resulted from: natural causes \(\mathbb{N} \), accident \(\mathbb{N} \), suicide \(\mathbb{N} \), homicide \(\mathbb{N} \), undetermined \(\mathbb{N} \)						stated above				
	23A SIGNA		on resulted	from: matural	cuuses in	23B. CHIEF M ASSISTANT M	EDICAL EX	AMINER	23C. DA	TE SIGNED
_	- Cla	CREMA Charles	·/Cu	24C. NAME OF C	EMETERY	MEDICAL INV		CATION (City,		
T10	BURIAL BURIAL BURII		12-52	BALTIMON	e Come	Tery				
D/ LC	TE RECEIV	ED BY REGISTS	trustore	Will and	16 77	FUNERAL DIE	RECTOR RIVNY	lac 1	600 FF	PRESS/ 1/1 NS/S
V	S 151		9: =	64	046	4 4	1-7-			0



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2	6	3445	5

3	6445			CEDTIE!		E OF DEATH	Registered 1	644	5
BIR	TH NO.			CERTIFIC	ZATI	E OF DEATH			
	NAME OF D pe or Print)		Nell I	Haight			OF July	10,195	2
A. I		City, Maryland				4. USUAL RESIDENCE (W) A. STATE Md.	here deceased lived. If B. COUNTY		idence dmission)
10	ULL NAME SPITAL OR TITUTION	OF (If not in hospita		lo	dress or cation)	C. CITY OR TOWN (If	outside corporat limit		and give
14)	729 W. Fa	yette	St.		Baltimore	4-		
c.	agth of s	tay in Baltimore			Yrs. Mos. Days	729 W. Fayet			
5. 5	EX Tr	6.COLOR OR RACE		E. MARRIED. /ED, DIVORCED	(Specify)	B. DATE OF BIRTH Dec.23,1888	9. AGE (In years last birthday) Mo		nder 24 Hours
ork d	one during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or for		12. CITIZEN WHAT CO	
_	None	14445				Baltimore			
13.	FATHER'S					14. MOTHER'S MAIDEN NA			
1.5		mes H. Lewi			119	Alice C. Unl			
Yes,	mas DECEAS no or naknown)	ED EVER IN U.S. ARMED	FORCES?	None	NO.	MrssSevilla My		Fayette	St.
	18. IL 7	0.1		CA	USE	OF DEATH		INTERVAL ONSET AN	BETWEEN
	DISEA	SE OR CONDITION			1	of	. 1	30 7	0
		LEADING TO DEAT s not mean the mode of	f dying, e. s		0	ronay / hos	moores	26 4	us.
	heart failt injury or	are, asthenia, etc. It mea complication which c	ns the diseas aused death	e, a.) DUE TO	He	100 Xensine	cardina	1 3 3	
		ANTECEDENT CAUS	ES		1	per mine	-across.	12 M	ears
z				(8)	Val	skular dise	ase	1	
2	RISE TO T	S OR CONDITIONS, IN	STATING TH						
3	UNDERL	YING CONDITION LA	ST.	(C)			***************************************		
ERILLICATION .			1 20						
		II SIGNIFICANT CONDI							
		S TO THE DEATH, BUT DISEASE OR CONDITION							
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF	OPER	RATION		20. AUT	4-
5 -			1 01 =	ACE OF WALLE	(l ata WHERE DID. (1)	f in Politimana Cita	YES L	NO L
י ביווראר		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY farm, factory, street, off			f in Baltimore City,	give exact loca	tion)
Ξ -		(Month) (Day) (Year)	(Hour)	21E. INJURY OC	CURR	ED 21F. HOW DID INJURY	OCCUR?		
	OF INJURY WHILE AT NOT WHILE MORK AT WORK								
	22. I hereby certify that I attended the deceased from Jan. 1940 to July 10, 182, that I last saw the								
	deceased alive on July 10, 1952, and that death occurred at 5:28 m., from the causes and on the date stated above								
-	23A. SIGNATURE P 23C. DATE SIGNED								
1					. D.	920 St. Jank		July 11	152
4.0	A. BURIAL.	CREMA- Specify;	1952	Maa d	OCL	RY OR CHEMITORY 240	Sklage	Mar county)	7 (State)
2	TE RECEIVE	BAR VREGISTRAR	SIGNATI	URE		25. HUNERAL DIRECTOR	1/0/	ADDRESS	41
S	JUL 1950 tuntington Williams M. Tred A Cole 1913 W Ballo to								
I	VS 150								

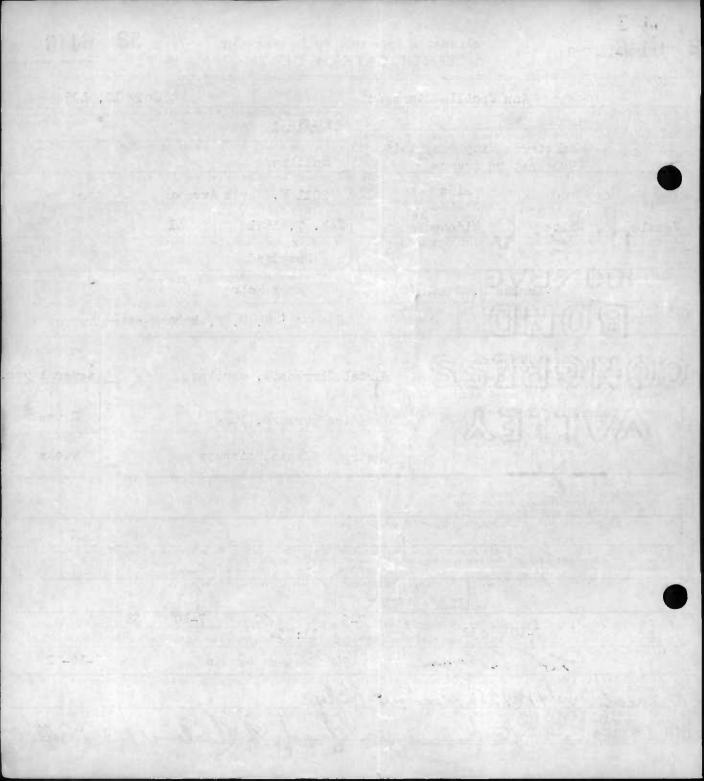
mec. 0337 920 H Paul St Dr Wise

5	52	
2	6446160789	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

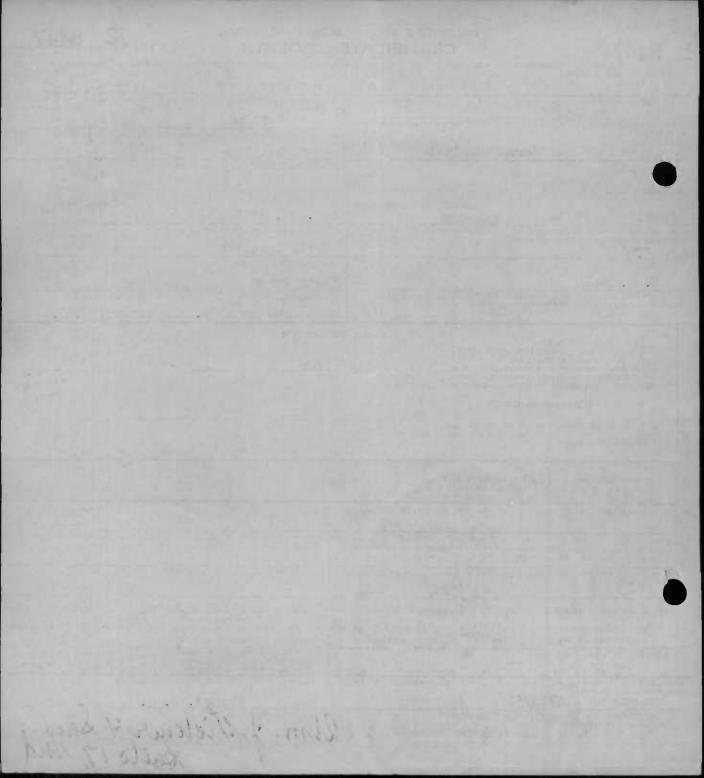
52 6446
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 10, 1952 Ann Cecilia Simonsen 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland AMSTATIan d B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Bal timore City Hospital Scation) C. CITY OR TOWN (If outside opporate linets, write RURAL and give INSTITUTION township) Baltimore 4940 Eastern Avenue p. STREET ADDRESS (If rural, give location) Vra. Mos. Life c. Length of stay in Baltimore 2011 E. North Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Feb. 7, 1891 Female 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Mohr Charles R. Smith (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Records B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Portal Cirrhosis, ascites several yrs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 2 weeks Jaundice purpura, lungs ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Retroperifoneal tissues 2 weeks OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., lo or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 15 _, that I last saw the and that death occurred at 11:054m., from the causes and on the date stated above. 19. deceased alive on 23A. SIGNATURE 238, ADDRESS 4940 Eastern Avenue 23c. PATE SIGNED 24A. PURIAL. CREMA-TION REMOVAL (Spegify) CREMATORY 24D. LOCATION (City, town, or county) Ourial DATE RECEIVED BY INERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS OCAL REGISTRAR VS 150

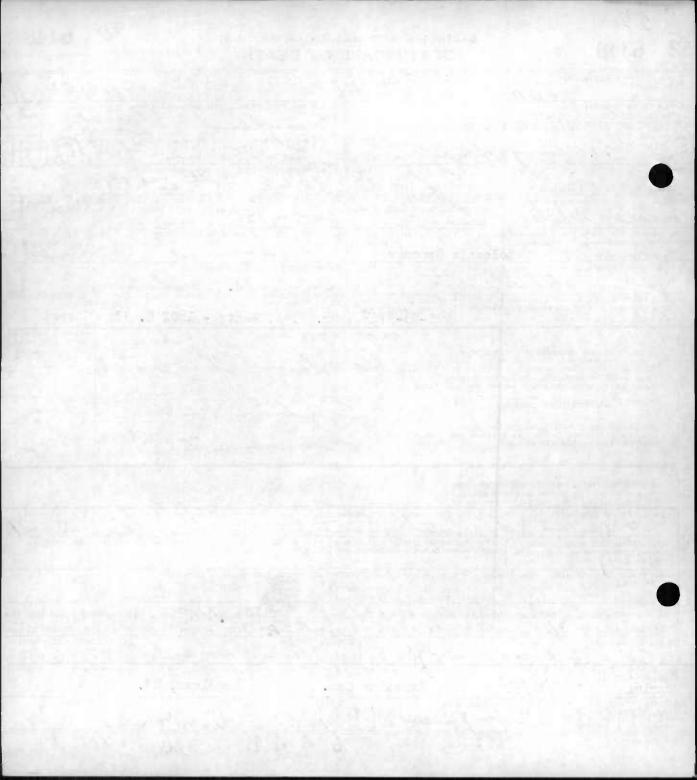


BALTIMORE CITY HEALTH DEPARTMENT

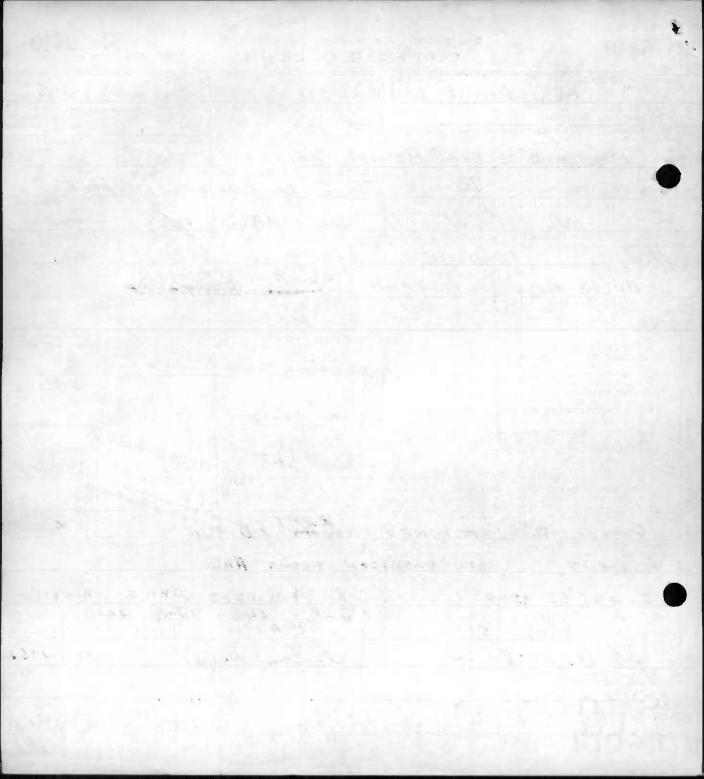
BI	RTH 5/4/7			CERTI	FICATE	OF DEAT	Н	Registered	N6	044/
	NAME OF Di ype or Print)	ECEASED	ILLA	Maie	SLATER	or Slator	2	OF DEATH Jul	y 10,	1952
A.		lity, Maryland			4. USUAL RESIDE	_	e deceased lived. B. COUNTY		ion: residence before admission)	
H	FULL NAME OSPITAL OR STITUTION				location)	C. CITY OR TOWN	(If out:	side corporate lin	nits, wife	FURAL and give township)
	234	Mero	y Hospi	tal	V	Balt D. STREET ADDRE	imore	ol give location)		
	Onth of a	tay in Baltimore			Yrs. Mos.			ert Stree	+.	
_	SEX SEX	6. COLOR DR RACE	7. SINGLE			8. DATE OF BIRTH				ear If Under 24 Hours ays Hours Min.
	female	white	marrie		CED (Specify)	Dec. 21, 19	215	36	Months D	ays Hours Min.
		CUPATION (Give kind of f working life, even if retired)	108. KIND		NESS OR INDUSTRY	11. BIRTHPLACE (S	State or forcig	gn country)		TIZEN OF HAT COUNTRY?
	outs outs				IN DOSTIN	North Caro				
13	. FATHER'S N	IAME	45.75			14. MOTHER'S MA	IDEN NAME	E		
	G. G.					Susan Brown	1			
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCI SECL	AL IRITY NO.	17. INFORMANT		D	ADDRES	
						Hall & Wynn	ie & Co.	Durn	am, N	TERVAL BETWEEN
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU: S OR CONDITIONS, it HE ABOVE CAUSE (A) YING CONDITION L. GIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	TH of disease caused death SES IF ANY, GIVIN STATING THAST.	e, .) OUE 1 (B) IG DUE 1 (C)	го	liver				
Ü	N	A STATE OF THE PARTY OF THE PAR	455 61 315 6	<u> </u>	S OF OPER	ATION				O. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, f	CE OF IN.	JURY (e. g., in treet, office bldg., e	or 21c. WHERE D INJURY OCCU		n Baltimore City	, give ext	act location)
N	OF INJURY	(Month) (Day) (Year	٧	VHILE AT WORK	NOT WHILE	21F. HOW DID	O YAULMI (CCUR1		
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and for Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes A accident , suicide , homicide , undetermined .						stated above				
	23A. SIGNA		4 De	ulac	lu M	238. CHIEF ME ASSISTANT ME D. MEDICAL INV	EDICAL EXA	AMINER		10. 1952
2. TI	AA. BURIAL. (SON REMOVAL (S	Specify) 7/11/5	2	24c. NAME	DF CEMETE	RY OR CREMATORY		ATION (City, tov	vn, or cour	nty) (State)
D	ATE RECEIVE	D BY REGISTRAR	's SIGNATU	Willi	aus, M	25 FUNERAL DIR	ECTOP!	lever	4 %	lus .
V	S 151		70	- 		6.44		But	0 17,	ma.



52 6448 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO Merarland 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR FOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Single 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of weeking life, even if retired) INDUSTRY WHAT COUNTRY Wholesale Grocers Bookkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rie J. anderson 15 WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uoknowo) (If yes, give war or dates of service) 16. SOCIAL **ADDRESS** 212-03-9723 Mr. A. A. Wentz - 1802 E. 31st Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. CERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e. g., io or | 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 6/2/ 1952 to. , 19 57that I last saw the deceased alive on 3/10, 1952 and that death occurred at 105 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) Woodlawn, Md. Lorraine Cem. Burial FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE **ADDRESS** VS 150



L	-35			
	GAAQ BALTIMORE CITY HE	ALTH DEPARTMENT	52	6449
7K	CERTIFICATI	E OF DEATH	Registered No.	0110
1.	NAME OF DECEASED Elizabeth		2. DATE	^
		DON	DEATH July	4, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)	here deceased I ved. If in a	tution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or ospital OR location)	MD.	11	
	STITUTION //		outside corporate limits, w	tite KURAL and give township)
4	MARYLAND GENERAL HOSPITA	D. STREET ADDRESS (If re	ural, give location)	
c.	Length of stay in Baltimore 70 Mos.		ONDSON A	7VE
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Unda last birthday) Months	
	FWW	JAN 8 1852	100 y -	
	A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	eign country 12.	CITIZEN OF WHAT COUNTRY?
	H.W. NONE	FAIRMONT	MD	V.S.
13	CHADIES AUGUSTUS FORTALINE	14. MOTHER'S MAJDEN NA	SHUR	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	de Taranas E	Tec.
(Ye	(If yes, give war or dates of service) SECURITY NO.	DT	ADDF	(125
	18. E 903.0 CAUSE	OF DEATH		INTERVAL BETWEEN
	18. E 903.0 CAUSE DISEASE OR CONDITION DIRECTLY	OF BEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	static prum	ma 4)	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<u> </u>	3 days
	ANTECEDENT CAUSES	. 0.0		0
Z	(B)	ia failus	J	.,
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Un	APPROVED S	31
CA	UNDERLYING CONDITION LAST.	T. Itet la	CATION APPRO	
H	(c) +100	THE PARTY OF THE P	court level	W. + aayo
R	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	A.C.	A PURE PRINT	ER.
Ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 7 19B. MAJOR FINDINGS OPERATION 7 19B. MAJOR FINDING 7 19B. MAJOR FINDI	ATION	in Baltimore City, give	20. AUTOPSY?
AL	Que 27 1452 FRATTURED	PEFT FE MY	108 400	YES NO
EDICA	21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e.g., i HOMJCIDE (Specify) about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	exact location)
MEL	ACCIDENT 3012 EDMONDSON	J FRONT HAL	4	16/6
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		occur? Fell to	floor
	June 25 52 9.00 Pm. WHILE AT WORK AT WORK	X PT PLIPPED	WHILE	ALKING
	22 I hereby certify that I attended the deceased from	1452 to	9 July, 19521	hat I last saw the
	deceased alive on 9 July , 1952, and that death occur	rred at 430 Am., from th		
	the Contract	3B. ADDRESS	2	3c. DATE SIGNED
2.	M. D. M. D. 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, de	
Tie	ON, REMOVAL (Specify)	29 00		
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE.	25 FUNERAL O RECTOR		DDRESS
L	OCAL REGISTRAR / Huntington Williams M.	Wm. A. Nie	lever Noor	1 Kalton
=	VS 150	6 4 9		mil
	N 820.0	V.		ina

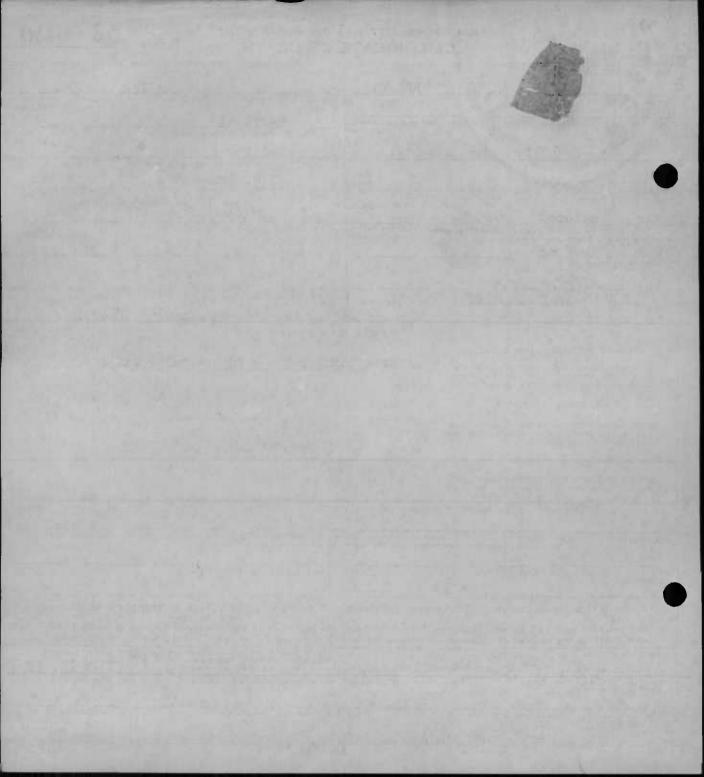


126	0
BIRTH	£450

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6450

1. NAME OF DECEASED (Type or Print) ALTCE BREWER	2. DATE OF DEATH July 9. 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits, write) EULAL and give				
institution Franklin Square Hospital	Baltimore (Houside Corporation Market Corporation)				
Yrs.	o. STREET ADDRESS (If rural, give location)				
c. Ligth of stay in Baltimore Days	29 N. Bruce Street				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min.				
female colored Wigow	FBD. 1877 75				
10a. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done fyring most of working life, even if retired)					
13 FATHER'S NAME	14. NOTHER'S MAIDEN NAME				
Jin BONISON	Mantha				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no w pulknown) (If yes, give war or dates of service) SECURITY NO.	Jetterphino Walter son Will ST				
18. / 2 2 1 CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
	osclerotic cardiovascular disease				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO					
ANTECEDENT CAUSES					
Z DISEASES OR CONDITIONS, IF ANY, GIVING					
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
Z 1a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in underlying ☐ OR CONTRIB. about home, farm, factory, street, office bldg., (c. g., in underlying ☐ CAUSE OF DEATH.)					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
D. WHILE AT NOT WHILE AT WORK AT WORK					
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from					
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undetermined □.					
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 2 23C. DATE SIGNED				
	D. ASSISTANT MEDICAL EXAMINER. July 10, 1952				
24A. BURIAL. CREMA. 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322 A				
LOCAL REGISTRARY	M. Kot. Rusilling School of				
V S 151	6 miles of williams surrounds				



	57.5										
0	CAEA			BAL	TIMORE	CITY HE	ALTH DEPARTMEN	т	52	6454	
-	O401 IRTH NO.	1		The are	CERTII	FICATI	OF DEATH	Registere	d No	6451	_
_	NAME OF DE	CEASED						2. DATE			=
	Type or Print)		PLL	LF	HEN	SON		OF DEATH TO	141	10,195V	
3.	PLACE OF DE Baltimore C	ATH: ///	TUER	Sily	HOSP	THL	4. USUAL RESIDENCE A. STATE		. If insti	tution : residence before admission	1)
В.	FULL NAME O			or institution	on, give stree	t address or location)	MARYLA	ND 131	H-T	0	
IN	INVIVERS	ITV O	f M	rylan	d 1	250.	BALTIME	(If outside corporate li	nets, wr	ite URAL and give township	e))
2				1		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location		7	_
	Length of st					Days	2400 W.	LIHT HY	2/	/	
5.	emale	6. COLOR OR	RACE		MARRIED ED DIVORC		8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under Months	1 Year II Under 24 Hour Days Hours Min	
	A. USUAL OCC			IOB. KIND	OF BUSIN	ESS OR	11. BIRTHPLACE (State of	r foreign country)		CITIZEN OF WHAT COUNTRY	- Y 2
	Hou	SUWORK					MAKYLA	IND		4.5.17.	
13	FATHER'S N	AME	200	en 1			14. MOTHER'S MAIDEN	NAME		1	
1.6	4 /7/1/2	-) K	TEU	0010			Melville	0145	HIN	910N	
(Ye	MAS DECEASE	(If yes, give we	or or dates	of service)	16. SOCIA SECUE	RITY NO.	17. INFORMANT	04100 MI	ADDR	ESS AV	B
20	VKNOWMI		A -			01110=	Marie MINS	2703W	40	TOVE OF BETWEE	N
	18. 624	E OR COND	E	954.	7	CAUSE	OF DEATH			ONSET AND DEAT	
	1000	LEADING TO	DEATH	4		PE.	SPIR ATORY	APPE	T	4/v/m	L
	heart failur	e, asthenia, etc	. It mean	s the disease				The second se	T X		
		ANTECEDENT					150-45	· · · · · · · · ·			
Z					(B)	111	ESTHESIN	9 with		***************************************	
10	RISE TO TH	OR CONDITI	SE (A) 9	TATING TH		Pe	ntothact	CU BAR.	E.		
CERTIFICATION	UNDERLI	ING CONDIT	ION LAS		(C)			O • • • • • • • • • • • • • • • • • • •		***************************************	***
F		- 11									-
FR		GNIFICANT TO THE DEAT							100		
Ü	TO THE DI	SEASE OR CO	NOITION	CAUSING IT		OF OPER	ATION			20. AUTOPSY?	
AL	19A. DATE OF	5	1 19	B. MAJOR	FINDINGS	OF OPER	ARCESSES	Belater	0/	YES NO	٦
EDICAL		ENT WAS UN			CE OF INJU			(If in Baltimore Cit	y, give		=
Σ	21D. TIME (Month) (Day)	(Year) (Hour) 2	IE. INJURY	OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?			-
	F INJURY			m. W	HILE AT	NOT WHILE					
	22. I hereha	y certify the	t. I atte				ly 9, 195×10	July 10 19	5 1/2	at I last saw th	20
		ive on Jell					rea at 3:25 A.m., from				
	23A. SIGNAT	UB		0	0 1	_ 2	3B ADDRESS	11 -4 0		C. DATE SIGNE	

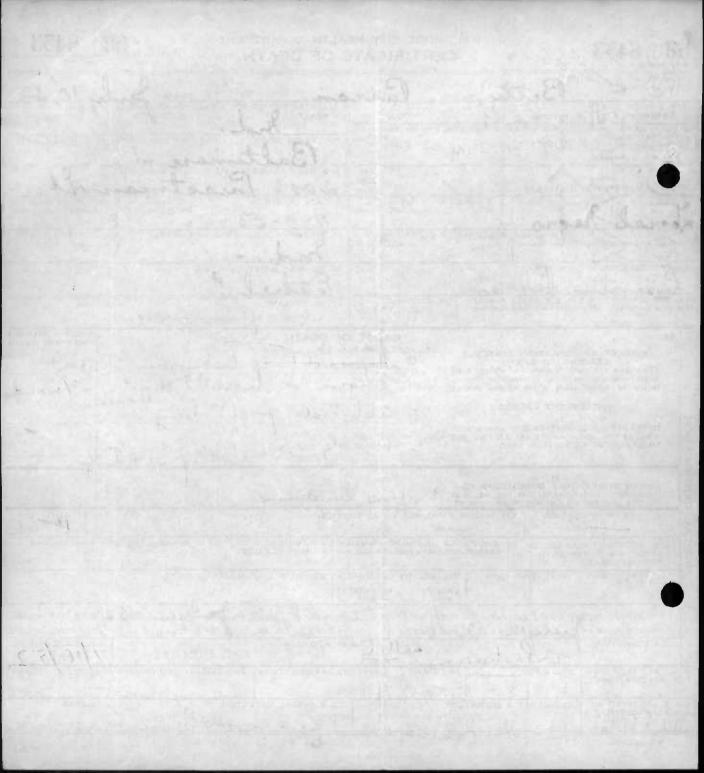
24A. BURIAL, CREMA 1001, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR 240 COATION (City, town, or county) 25. FUNERAL DIRECTOR, The Katu R. Williams

pedistrate's signature 1 1957 VS 150

152 CERTIFICATE CORRIBALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT 52 6452
1. NAME OF DECEASED (Type or Print) HATTIE ROBINSON	2. DATE OF DEATH July 9, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (if not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Franklin Square Hospital	c. CITY OR TOWN (If outside corporate lights, write NULL and give Baltimore
c. Sight of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1012 Vine Street
female colored 7. SINGLE. MARRIED. Specify)	8. PATE OF BIRTH 9. AGE (in years If Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of Mork done during most of working life, even if retired)	17. BIRTHPLICE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ALEX POPINSON	Bentie Thomson
15. WAS DECEASED EVER'IN D. S. ARMED FORCES? (Yes, no equiphnown) (If yes, give war or dates of service) SECURITY NO.	17, INFORMANT / POPULATION ADDRESS ADD
OISTASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	of DEATH NY CONSET AND DEATH Amous cell carcinoma of cervix (over)
UL II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	*
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTOPSY? YES NO
218. PLACE OF INJURY (c.g., i underlying or contribution of cause of death.	
2 1b. TIME (Month) (Day) (Year) (Hour) 2 1e. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes 23A. SIGNATURE	Autopsy, Inspection & inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, Inquiry, find that said deceased died on the day stated above, In accident in suicide in homicide in undetermined in assistant medical examiner. ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR MEDICAL INVESTIGATOR July 10, 1952
24A. BURIAL. CREMA. 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
JUL 1 1953 Huntington Williams, M.	Mrs Kati R. Williams Schrocau &
V S 151	208A

See Document File for letter from Dr. Stanley H. Durlacher, Asst Medical Examiner

	250				
5 BI	2 6453 26664 B	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	6453
	NAME OF DECEASED Battle	me Para	an	2. DATE OF DEATH	10'33
	PLACE OF DEATH: Baltimore City, Maryland	49	4. USUAL RESIDENCE (Where deceased wed. If ins	stitution: residence before admission)
	FULL NAME OF (If not if hospital or institution OHNS HOPKINS HOSPIT			f outside corporate limit	write WillA (or give township)
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I.	f rural, give location)	21
	SEX 6. COLOR OR RACE 7. SING	ZE, MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un	der I Year H Under 24 Hours hs: Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or :	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	Suentin Parran		14. MOTHER'S MAIDEN N	IAME	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKIN		DRESS
	18. 754.4	CAUSE	OF DEATH OS.	Maz Bar Em	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e	E. S. (A) Mago	cardities of the	kusun	about'
	heart failure, asthenia, etc. It means the disc injury or complication which caused dea		rin - ? lebriger	utal beaut.	7 mouth
7	ANTECEDENT CAUSES	alele	table of right	- lung.	2
ATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		bly assoc. ico	yendal analow	,
IFIC			U	of yeth	
ERTIFICA	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA		l. d.a.		
Ü	TO THE DISEASE OR CONDITION CAUSING		PATION		20. AUTOPSY?
AL	7				YES NO
MEDICAL		LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		(If in Baltimore City, giv	e exact location)
	2 ID. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended th		28.19.57. to	rely 10 1952	that I last saw the
		and that death occur	rred at 12 45 m., from	the causes and on the	
	23A. SIGNATURE Delu	a sillel 2	JOHNS HOPKINS	HOSPITAL	7/10/5)
	A. BURIAL, CREMA- IN, REMOVAL (Specify)	24C. NAME OF CEMETE		LOCATION (City, town, of	county) / (State)
DA	TE RECEIVED BY DECISTRAD'S SIGNA	TURE TURE	25. FUNERAL DIRECTOR	Calvert	DDRESS
1	CAL REGISTRAR	1/11.	7.2. 5 ewel	& Prince Fr	rederiche
	VS 150 Huntington.	Tituta in the second	06450		Tuo

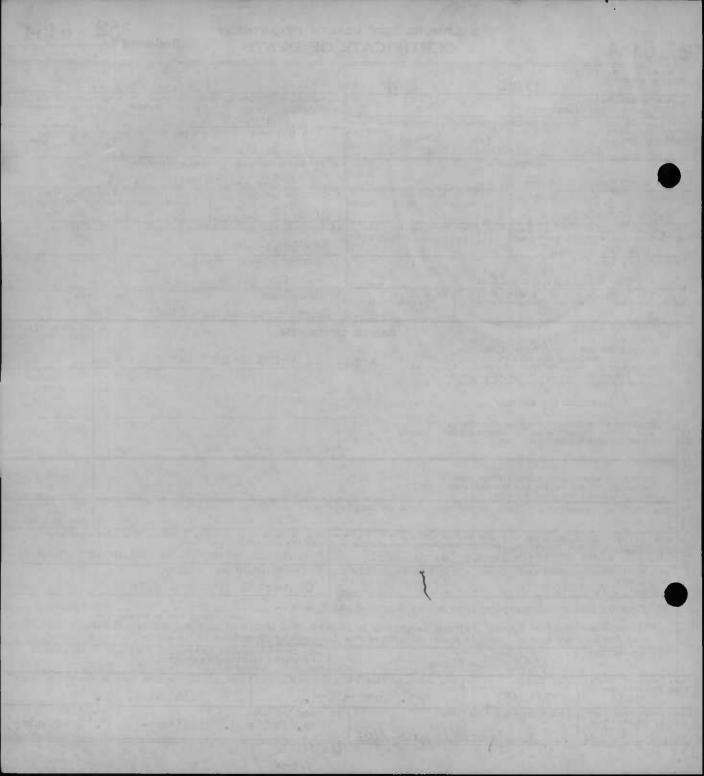


2.00	
2 GA 54	
1. NAME OF DEC	

BALTIMORE CITY HEALTH DEPARTMENT

52 6454

BI	RTH NO. D	}		CERTIFICATE	OF DEATH	Registered No.	
1.	NAME OF D	ECEASED				2. DATE	
(T:	ype or Print)	ALFRI	ED	DIGGS		OF July 9	. 1952
3.	PLACE OF D	EATH:	-		4. USUAL RESIDENCE ()		
	FULL NAME	City, Maryland	al or instituti	ion, give street address or	Maryland	B. COUNT?	before admission)
HC	SPITAL OR	0, (11 1101 111 1105)11		location)		f outside corporate limit, w	
IN	STITUTION	Johns Hopkin	ns Hosp	ital	Baltimore	1/-	township)
				Yrs.	D. STREET ADDRESS (If		
C.	ngth of s	stay in Baltimore		Mos. Days	794 W. Mi	lberry Street	
5.	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9 AGE (In years H linds	1 Year If Under 24 Hours
	Male	Colored		red, DIVORCED (Specify)	2/26/39	last birthday) Month	B Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF
work	done during most Studer	of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAIDEN N	AME	
		William Scha	ffer	FAT EVEN OF	Beatrice Diggs		
15	. WAS DECEAS	ED EVER IN U. S. ARMET		I 16. SOCIAL	17. INFORMANT	ADDI	orce
	, no or unknown)		s of service)	SECURITY NO.			1200
		1			Johns Hopkins H	108pt tat	1
	18. E 91	4.3		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION			2 2 11 1 2 2		
		s not mean the mode	of dying, e. 1	5.0 (W)	d and third degre	e purns	
		ure, asthenia, etc. It mes complication which					
		ANTECEDENT CAUS	SES				
_				(B)	!*************************************	***************************************	
0	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A)	STATING TH				
F	UNDERL	YING CONDITION LA	AST.	(C)		***************************************	
NO.							
ERTIFICATION		II SIGNIFICANT COND					
2		G TO THE DEATH, BUT DISEASE OR CONDITION					***************************************
Ü	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
J							YES X NO
EDICAL	21A. EXTER	NAL CAUSE WAS	2 1B. PLA	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
ā	UTING	CAUSE OF DEATH.	Pennsy	lvania Railroa		eet and Edmonds	on Avenue
Σ		(Month) (Day) (Year)		21E. INJURY OCCURRE		Y OCCUR?	
	OF INJURY	22, 1952	m.	WHILE AT NOT WHILE	x Contacted over	erhead wire	
				remains described a	Α.	utopsy t	hereon and from
					Autopsy.	Inspection or Inquiry	
	the ev	idence obtained by	said Auto	psy, Inspection or I	nquiry, find that said d	eccased died on the c	tay stated above,
	23A. SIGNA		9	4	23B. CHIEF MEDICAL		DATE SIGNED
		138	Tist	en.	.D. MEDICAL INVESTIGAT	EXAMINER	ly 11, 1952
24	A. BURIAL.	CREMA- 248. DATE		24C. NAME OF CEMETE		OCATION (City, town, or	
TIC	on, REMOVAL (7/12/	52	Mt. Auburr	Cem.	Baltimote, Md.	
DA	TE BECEIVE	D BY BECIETBAR	1		25. FUNERAL DIRECTOR		DDRESS
LC	CAL REGIST	1052 11 4:	+ 11	111: 147	Mrs. Katie R.	Williams-322 N.	Schroeder
-	1111	1279 LIPACE	glow-	dustus- Nige	6 4.5	- / /	11.1
I	S 151	N992X 6		-	Mus K.	R. Will	ch wo
					1 100		



116	10	CER	RTIFICAT	1		7-15-52					
152	645	5	ВА			EALTH DEPARTM E OF DEATH		Registere	520_	645	5
	RTH NO.										
	Pe or Print)		ERBERT	EDGAR	BARBEI	2		OF DEATH J	uly 8,	1952	
	PLACE OF D Baltimore (EATH: City, Maryland				4. USUAL RESIDEN		B. COUNTY		tion : resid	
HO	SPITAL OR	OF (If not in hosp	oital or institu	tion, give stre	et address or location)	c. CITY OR TOWN		ide corporate li	imits, writ	e-RERATA	and vive
INS	STITUTION	South Bal	timore (General.	Hospita		imore	1	6		ownship)
TP					Yrs.	D. STREET ADDRES	SS (If rura	, give location)		
C.		tay in Baltimore		10 yrs.	Days			tta Stre			
	SEX	6.COLOR OR RAC	WIDOV	E, MARRIED VED, DIVOR		8. DATE OF BIRTH		AGE (In years last birthday)	Months I	Year If Und Days Hour	ler 24 Hours
	Male	White	Sing	D OF BUSIN	IECE OB	1895 11. BIRTHPLACE (St		57	110 0	ITITEN 6	1
work	done during most	CUPATION (Give kind of working life, even if retire	(d)		INDUSTRY			n country)		HAT CO	
	FATHER'S	NAME	Davis	on Cham	ical Co	14. MOTHER'S MAII					
1	S. Gray	Barbee				Pa	rkham				
15. (Yes,	WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIA	AL RITY NO.	17. INFORMANT			ADDRE:	SS	
,	Yes	WW I				R. E. Barbee	, New 1	Martinvi	lle, b	Va.	
	(This does	SE OR CONDITION LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which	ATH of dying, e. leans the disea caused deat	g., (A) se, h.) DUE T	Arterio °	OF DEATH	diovasc	ular dis	0	TERVAL I	
ATION	RISE TO 1	S OR CONDITIONS THE ABOVE CAUSE () YING CONDITION	A) STATING T	NG HE DUE T	0					***************************************	••••••
ERTIFICA	TRIBUTING	II SIGNIFICANT CON S TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELAT	N- ED							
U	19A. DATE C	F OPERATION	19B. MAJOF	FINDINGS	OF OPER	RATION				YES X	PSY?
151	UNDERLYIN	NAL CAUSE WAS G OR CONTRIE CAUSE OF DEATH	about home.	ACE OF INJ farm, factory, str				Baltimore Cit			
Σ	21D. TIME OF INJURY	(Month) (Day) (Yea	m.	21E. INJUR WHILE AT WORK	Y OCCURR NOT WHILE AT WORK		INJURY OC	CUR?			
ь.	22. I certi	fy that I took che	arge of the	remains o	lescribed o	above, held an	Autor			reon an	d from
	the ev	idence obtained b	u said Aut	onsu. Insp	ection or 1	Inquiry, find that s S_M, accident [], s	said decea	sed died on homicide	the day , undete	rmined	
	23A. SIGNA	833	SFA	she		238. CHIEF MED ASSISTANT MED D. MEDICAL INVES	DICAL EXAI	MINER	July		952
24	A. BURIAL,	CREMA- 24B. DATE	2 - 5-4			RY OR CREMATORY	24D. LOCA	TION (City, to	wn, or cou	nty)	(State)
DA	TE RECEIVE	D BY REGISTRA	R'S SIGNAT	URE ADIA	Soc ma	25. FUNERAL DIRE	CTOR	and	ADD	RESS	
	CAL REGIST		ton 1	/Iliana	MID	U. Ou	e saltes	- () 25%	321	. L	- G
VS		1957 Tances	7	S SH B	14880	4				HALL ST	12

3. A marks the Lands see 1. 1 sound

46	2)
2	64	56
BIRTH	NO.	1 40

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6456 Registered No.

BIRTH NO.										
1. NAME OF DE (Type or Print)		Mary	Theodora Ger	rnand	Keller		OF DEATH Jul	y 11,	1952	=
3. PLACE OF DE A. Baltimore C	ATH: ity, Maryland			4 A.	USUAL RESI	DENCE (W	here deceased lived B. COUNTY	d. If instit		1)
B. FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital 222 West Mon		locat		CITY OR TOW	/N (If	outside corporated	imits, wri	RURAL and give	
c. Length of st	ay in Baltimore		Life M	rs. O.	STREET ADD	RESS (lf :	rural, give location nument Stre			
5. sex Female	6.COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Spo ITTIED	8.	ugust 5,		9. AGE (In year) last birthday)	Months	Days Hours Min	
ork doneduring most of	CUPATION (Give kind of f working life, even if retired) None	108. KIND	OF BUSINESS OF	TRY II	BIRTHPLACE		reign country)	1	CITIZEN OF WHAT COUNTRY	Y 7
13. FATHER'S N	AME	THE WAR		14	MOTHER'S	MAIDEN NA	AME			
Robert	Henry Gerna	and			Elisabe	eth Sol	dan			
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMEL (If yes, give war or date	FORCES?	16. SOCIAL SECURITY N	17	. INFORMANT			ADDRE	ESS	_
No	(1.) 54 81-5 1-1		SECORITI IN		. Elisab	eth Rob	erta - Ral	ston,	N.J.	
DISEASES RISE TO THE UNDERLY OTHER SI	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	aused death EES FANY, GIVIN STATING TH ST. TIONS CON	(B) G DUE TO (C)	pi	tiwilit luci d	alrde	ess,			
TO THE DI	SEASE OR CONDITION	CAUSING I		DEBAT	ON				20. AUTOPSY?	
Sect	FOPERATION 1	alis		lu	1				YES NO	
21A. ACCIDI LYING ☐ OR CAUSE OF I	ENT WAS UNDER . CONTRIBUTING	218. PLA about home,	ACE OF INJURY (earm, factory, street, office b	g., in or oldg.,etc.)	21c. WHERE INJURY OCC	DID (I	f in Baltimore Ci	ty, give o		
D. TIME (Month) (Day) (Year)		21E. INJURY OCCU	HILE	21F, HOW D	ID INJURY	OCCUR?			
22. I hereby	y certify that I att			Sep		5/, to			at I last saw ti	
	ive on July 10	, 19 5 2	and that death o			m., from ti	he eadses and o		ate stated abov	
23 SIGNA	un Djone	ng	M. o.	238.	ADDRESS // E.	cha	ne st	23	7-11-52	0 .
24A BURIAL C TION REMOVAL (S BUTIAL	pecify) 7/12/	52	Loudon	Park		Balt	imore, Mar	yland	1)
DATE RECEIVED		SSIGNATI	Williams M	1	H. Mears	211	2- 805M.	Calve	st St.	
VS 150		O 143	the fig -	1 6	1 1 2	4)				

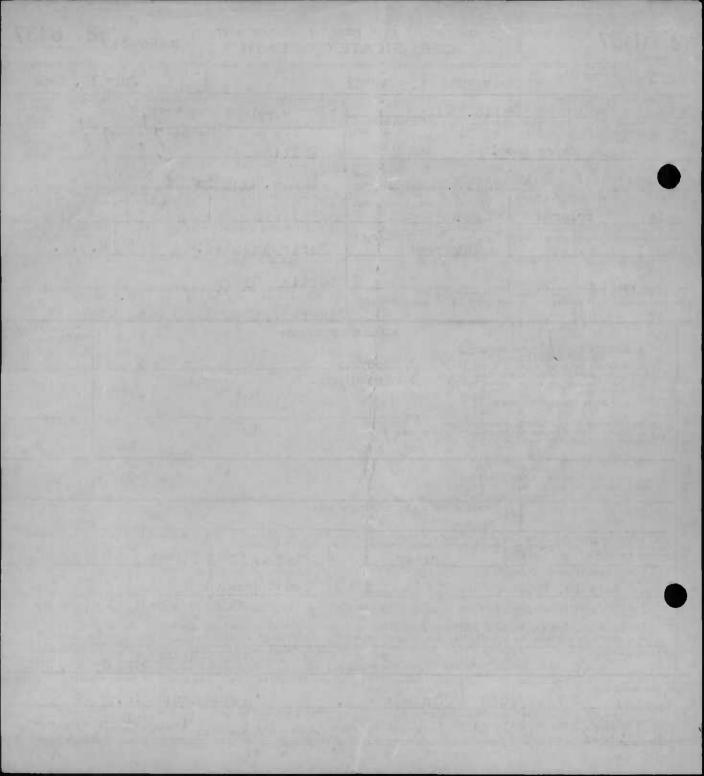
The state of the s

52	-0
52	6457
BIRTH	NO.
1. NAV (Type o	TE OF DECEAS

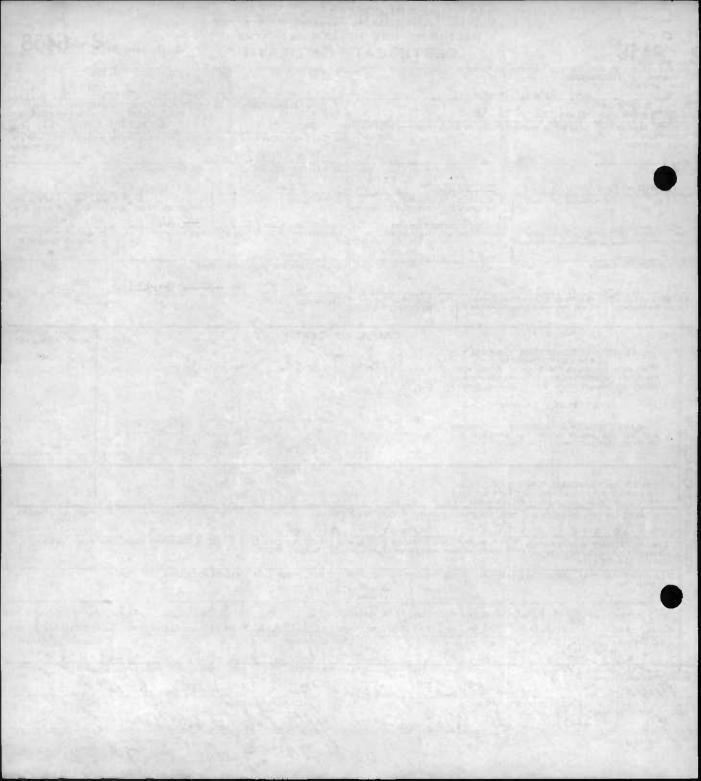
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 6457

ED 2. DATE OF July 10, 1952 VERNON YANCY DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE Maryland A. Baltimore City, Maryland Balto. B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2 Yrs Days
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) ngth of stay in Baltimore 1425 L. Lombard 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 3/12/1920 male colored Sep. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? U.S.A. Portsmouth Va. Skill Laborer Government 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lottie Clark Yancev Joseph 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Portsmouth Va . ADDRESS (Yes, no or unknown) SECURITY NO. Yes War Joseph Yancey 1432 King St INTERVAL SETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Asphyxia heart failure, asthenia, etc. It means the disease, DUE TO drowning injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING N OR CONTRIB-INJURY OCCUR? Pier 4. Pratt Street UTING IT CAUSE OF DEATH. harbor 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE Found drowned Sound July 10, 1952 WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], aecident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Portsmouth Va. 7/14/1952 Lincoln Cem. Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR 95 151



150 CERTIFICATE CORRECTE	D 9-3-52
0.420	E OF DEATH Registered No. 6458
1. NAME OF DECEASED (Type or Print) Mr. John Crone	2. DATE OF 7-11-52
S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Agnes Hospital	Jessup Md. township)
c. Leigth of stay in Baltimore 2 mos. 23 das. Moss.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Munder Year Munder 24 Hours Manual Months Days Hours Min.
Wale White Single Married	8-8- 1907 55 44
10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)	77 C A
13. FATHER'S NAME	Maryland USA 14. MOTHER'S MAIDEN NAME
Frederick Crone	Josephine Burke Bertling
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY	OF DEATH IVMOR, MAIGNANT INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	RATION 20. AUTOPSY?
June 20, 1952 Drain Tumor, n	in or 21d. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY MHILE AT WORK AT WORK	
22. Thereby certify that I attended the deceased from Jyr	10 , 19 D; to July 11 , 19 Sy, that I last saw the
decensed alive the 1952, and that death occu	rred at 9117 A.m., from the causes and on the date stated above
in the following M.D. M.D.	1. Var Hal. 1-11-5>
24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTIAR'S SIGNATURE	25. FUNERAL PILEGION ADDRESS
LOCAL REGISTRATES Huntington Williams M.P.	Wellott Worsellson
vs 150 1 9 5 2 0 78	618 5 Facesel His



+530

BALTIMORE CITY HEALTH DEPARTMENT

55	атн к6.45	9	DAL	CERTIFICATI	OF DEATH	Registered No.	6459
	NAME OF D	ECEASED				2. DATE	
	pe or Print)		V. Sm	ith, Jr.		OF	y 10. '52
A.		EATH: City, Maryland	-11-		4. USUAL RESIDENCE (Where deceased lived, If inst B. COUNTY	
		OF (If not in hospital	al or instituti	ion, give street address or location)	Md.		91
	STITUTION			rocation,		If outside corporate limits, w	township)
1	705	Light St.			Baltimore		
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	705 Light		
5.	sex M	6. COLOR OR RACE	WIDOW	e, married, red, divorced (Specify) Married	oct. 13. '7	last birthday) Months	Days Hours Min.
10		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		CITIZEN OF
	done during most	of working life, even if retired)		INDUSTRY	Coomado		WHAT COUNTRY?
13	Forema		Ra1.	lroad	Georgia 14. MOTHER'S MAIDEN I	NAME	
13							
		in V. Smith			Lizzie San	ds	
		ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	
`	-	-		261-12-1256	Mittie O. S	mith 705 Li	ght St.
ERTIFICATION	(This does heart failt injury or DISEASE.	SE OR CONDITION LEADING TO DEA' 3 not mean the mode tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A)	FH dying, e.g. ns the diseaseaused death SES F ANY, GIVING STATING THE	G, (A)	of DEATH	lage.	6 days
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED			
				FINDINGS OF OPER	RATION	10. 10. 10. 10.	20. AUTOPSY?
AL					Well and the second		YES NO
MEDICAL	LYING O		about bome,	ACE OF INJURY (e. g., i farm, factory, street, office bldg., 21e. INJURY OCCURR	ob.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
	F INJURY	(Month) (Day) (Year		WHILE AT NOT WHILE		NT OGGONT	
	m. WORK AT WORK 22. I hereby certify that I attended the deceased from 7/3/52, 19 A, to 7/10/, 152, that I last saw the deceased alive on 7/9/, 1952, and that death occurred at 10 m., from the causes and on the date stated above						
	23A. SIGNA	TUDE (A)	ilal)	1226 Hano	2	7/11/52.
2				M. D. 24c. NAME OF CEMETE		LOCATION (City, town, or	county) (State)
Ti	Burial Burial	Specify) 7/12/5	52	Glen Haver	ı Gı	en Burnie. Mo	
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR		DDRESS
L	IIII 12	1952 + + +	into	With was come	John F. Dern	v 6 Inc. 715	Light St.
	VS 150		01	Transfer Park	250		
1				00	250		

5 00

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6460

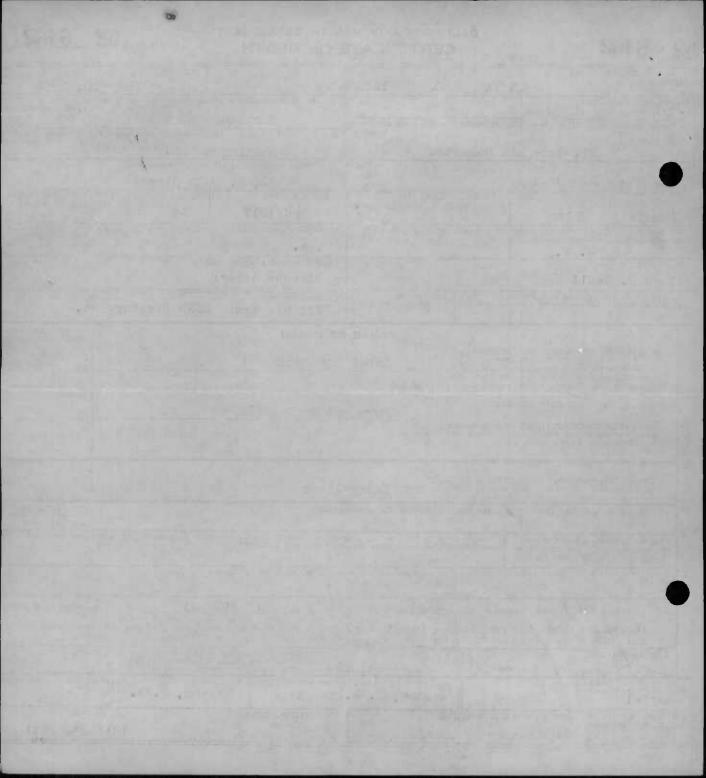
BI.	RTH NO.						
1. (T:	NAME OF D		CORGE B	ERNARD GAMMIE		2. DATE OF DEATH JU	ly 10, 1952
Α.		City, Maryland			4. USUAL RESIDENCE (V	There deceased lived, I: B. COUNTY	f institution: residence before admission)
HC	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (If	outsid corporate limi	ts, write RURAL and give
IN	STITUTION	3711 Clifto	n Awa		Baltimore		township)
-		7111 0111 00	MI NAC.	Yrs.	o. STREET ADDRESS (If	rural, give location)	
				Mos.			
	Length of s	tay in Baltimore	7 CINCL	Days E, MARRIED,	8. DATE OF BIRTH		if Under 1 Year If Under 24 Hours
	_		WIDOW	ED, DIVORCED (Specify)		last birthday) M	onths Days Hours Min.
	ale	white		ried	Aug. 4, 1872	79	
ork	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	vice Pre	s. (rta)	Trust	Co.	Maryland		
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
	George				Ellen Nash		
15	, WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	-	ADDRESS
	no	(21 30m) Biro was or date	or nor vice)	213-10-3631	Mrs. India Gam	mie - 3711 0	lifton Ave.
1	18. 11-		1 0	// CAUSE (OF DEATH		INTERVAL BETWEEN
	4	se or condition		7 X CHOOL .	or beatti		ONSET AND DEATH
		LEADING TO DEAT	TH		40 *********** 44		
	heart failu	s not mean the mode of tre, asthenia, etc. It mea	ns the diseas	0	io vascular di onary Thrombos		-74
	injury or	complication which c	18	16 days			
		ANTECEDENT CAUS		-2			
<u> </u>	DISEASE	S OR CONDITIONS, I	ANY GIVIN	(B)	Ignancy of the	rectum	about 6 mo
=	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE OUE TO			
5	ONDERL	TING CONDITION EX	51.	(C)		***************************************	
		II SIGNIFICANT CONDI					
ij		TO THE OEATH, BUT					
,		the state of the s		FINDINGS OF OPER	ATION		20. AUTOPSY?
3							YES NO
201		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., li farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
≥		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY			WHILE AT NOT WHILE	THE STORY OF THE STORY		
			m.	WORK AT WORK	01 50	T2-3 3 O 405	-0
	22. I hereb	y certify that I att	ended the	deceased from Jun	ie 24, , 19 52to_	1 HIA TO, 192	that I last saw the
			1, 1952,		red at 4. p.m., from t	he causes and on	23c. DATE SIGNED
4	23A. SGNA	Ver Dillil	leff-	м. о. 2	220 Garrison E		7/11/52
24	A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)
	Buria.			New Cathedr	cal Cem. 1 Bal	to. Md.	
DA	TE RECEIVE	D BY REGISTRAR	SSIGNATI	JRE	25 FUNERAL DIRECTOR	10/1	ADDRESS MAN
	CAL REGIST	952 Huntin	ston /	Villiance Mar	Vm Total	ever Txou	A= Pallo 1/4
	VS 150		19 0	the set of	0 1/0 1		

2	KI W Wasten Your / mgss	21/4	1 Bloke The	1075
0	BALTIMORE CITY HE	EALTH DEPARTMENT	E9	CACA
ВІ	1.4(.)	E OF DEATH	Registered No.	0401
	NAME OF DECEASED Elizabeth Lauk	rbach	2. DATE 7/10/ DEATH	52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		itution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	md.		7
	SPITAL OR STITUTION location) 504 & 347 f	c. CITY OR TOWN (III	outside corporate mits, w	township)
c.	Yrs. Mos. Days	504 E. 3	ural, give location)	
5.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Month	T l Year If Under 24 Hours B Days Hours Min.
10 worl	A. USUAL OCCUPATION (Givekind of done during most of working life, evan if retired)	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
	Louis Weben	Maria 4	VERNER	V
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give war or dates of service) SECURITY NO.	Hamis WEEK	ADDI	RESS 34 A St
	18. E 902.0 CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	son de kum	Mend	11 10
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			7 Days.
7	ANTECEDENT CAUSES	ture of Right	742	11 (1)00 1
TION	DISEASES OR CONDITIONS, IF ANY, GLYING		91	14 (10
ICA	UNDERLYING CONDITION APPRILATING THE DUE TO	Condad =	- Epinolia	4 geon
ERTIF	OTHER SIGNIFICANT CONDIVIOUS CONTER. TRIBUTING TO THE DEATH BUT NOT RECATED			
Ü		RATION (A) HOUSE	d Bolisman	20. AUTOPSY?
Y Y	may 1, 1932 - Intertrochantere -	Freture - Blund	Pruming	YES NO
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH	n or 21c. WHERE DID (If	in Baltimot City; give	exact location 520
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	occyr?	s-p. st.
K	ful 26, 1952 - 40. m. WHILE AT NOT WHILE AT WORK		I on flow &	y darepter.
	22 I hereby certify that I attended the deceased from			hat I last saw the
	deccased alive on, 1952, and that death occur	rred at Am., from the		late stated above. 3c. DATE SIGNED
	W. Grafton perspegal M. D.	214 medical a	it Building	July 11, 1452
Ttt	BURIAL, CREMA 24B, DATE 24c, NAME OF CEMETE Burial 1/12/52 Mt. Car	RY OR CREMATORY 24D. LC	CATION (City, town) or	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AI	DDRESS
	UL 1721952 Ht tinton Williams M.P.	Vin Golfeluc, 12	217 St. Pank	st.
	VS 150 N 820.00	0 4 0 0		

THE REPORT OF THE ROLL SHOW THE AREA

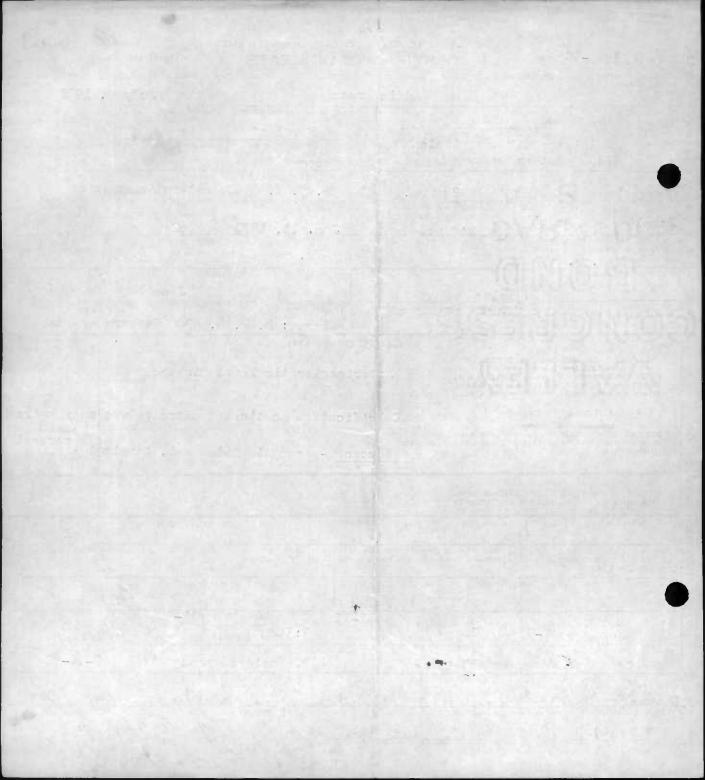
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 52 6462

B	RTH NO.	-J		CERTIFICATI	E OF DEATH				
	NAME OF DE					2. DATE OF			
(1	'ype or Print)	OL	ETA	J. TAYLO		DEATH JUL	y 10, 1952		
	PLACE OF DE	ATH: ity, Maryland			4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	If institution, residence before admission		
В.	FULL NAME C		al or institut	ion, give street address or	Maryland	1	14-		
	OSPITAL OR			location)	c. CITY OR TOWN (1	lf outside corporate lim	its write RURAL and give township		
1	60	St. Josephi	s Hospi	ital	Baltimor				
				Yrs. Mos.	D. STREET ADDRESS (I				
_		ay in Baltimore		Days		20th Street			
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Year Il Under 24 liquis Ionths Days Hours Win.		
	Female	White	M		8/6/1917	34			
		UPATION (Give kind of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
		H. W.			W.Va.				
13	FATHER'S N	AME			14. MOTHER'S MAIDEN				
I	loyd C. B	eall			Blanche Beame:	r	V		
15	a, no nr unknnwn)	D EVER IN U. S. ARMEI (If yes, give war mr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
(10	a, no ni unkunwu)	(1. 300, Bivo was m date	B 01 B01 1100)	SECORITI NO.	Virginia Kemp	2660 Presbu	ry St.		
	18. 1L9 A	,		CAUSE	OF DEATH		INTERVAL BETWEE		
	7 107	E OR CONDITION	DIRECTIV		OI DEATH		ONSET AND DEAT		
	-	LEADING TO DEA	TH	Tohan	pneumonia				
	heart failur	not mean the mode of e, asthenia, etc. It mes	ins the diseas	se,	······································		***************************************		
	injury or	complication which	caused deat	h.) NDEXION					
	ANTECEDENT CAUSES Purulent meningitis								
Z									
임	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
X									
F									
E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED Fatty liver								
	TO THE DIS	SEASE OR CONDITION	CAUSING				L 20 AUTODOV2		
U	19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL	O1. EVTERN	AL CAUSE WAS	1 218 PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,			
EDICAL	UNDERLYING	OR CONTRIB-	3 . A1	farm, factory, street, office bldg.,					
ME		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?			
	OF INJURY	(===, (===,		WHILE AT NOT WHILE					
	Too Y with		m.	WORK AT WORK	γ γ γ Δ111	topsy	42		
				remains described a	Autopsy	. Inspection or Inquiry	$\underline{\hspace{0.5cm}}$ ther c on and from		
	the evic	dence obtained by	said Aut	opsy, Inspection or I	Inquiry, find that said	deceased died on	the day stated above		
	23A. SIGNAT	ith in my opinion	resulted	from: natural causes	8 ☒, accident ☐, suicident ☐ suicident	e, nomiciae,	23c DATE SIGNED		
	234. 515141	ORE O.	Story)	1-la-les 4	ASSISTANT MEDICAL	EXAMINER	July 11, 1952		
2	4A. BURIAL. C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow			
TI	4A. BURIAL. C ON REMOVAL (Sr Burial	pecify)		Weston, W.Va.		ston, W.Va.			
	ATE RECEIVED	BY PECIETOAP	SSIGNATI		25. FUNERAL DIRECTOR		ADDRESS		
La	OCAL REGISTS	159 Huntin	-t- 11	/11: 1110 M.D	Jam 1. 1		217 St. Paul /		
		JL Hurring	1000	audin-, My.	The Carrie	ine.	SE		
I V	S 151	10	and and	dis 50	0		1/		



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BIR	6	46	BEA	-9064

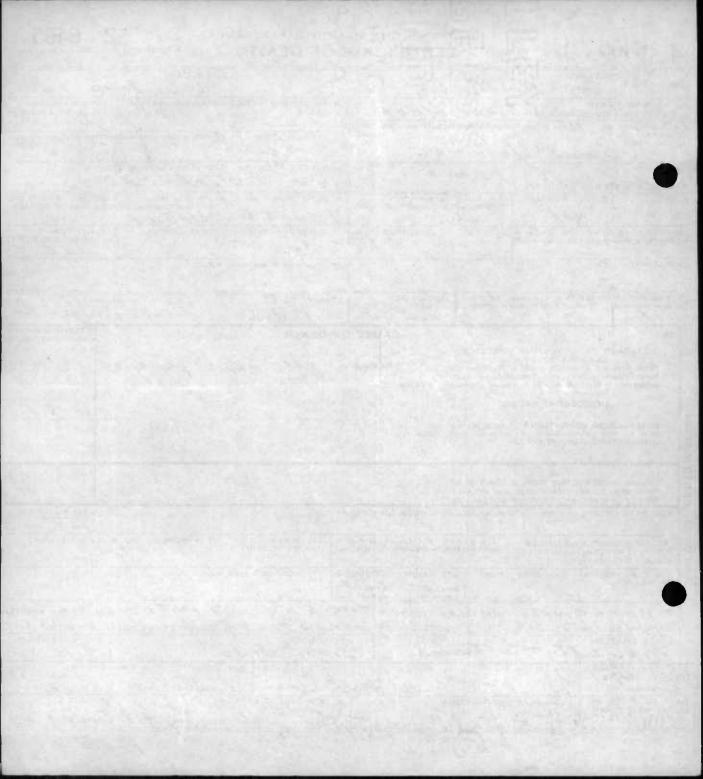
2 6463EA -90644	BALTIMORE CITY HE CERTIFICATE		Registered No.	6463
I. NAME OF DECEASED (Type or Print)	Addie Gre	en	2. DATE OF July 9,	1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	to-tracket dies	4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospital or HOSPITAL OR Baltimore City 1940 Eastern Av		Maryland c. CITY OR TOWN (If Baltimore	ontside chaporale limits, w	rite RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	B. C. H. 4940		
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED. WIDWWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 11, 1870	9. AGE (In years last birthday) Months	1 Year Il Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Va.		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1/
7 Nal			Jane ?	
15. WAS DECEASED EVER IN U. S. ARMED FOR Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	Records: B. C. H	. 4940 Eastern	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ing, e.g., (A) Arter: to disease, d death.) DUE TO Calcif. (B)	iosclerotic Heart ication Aortic an cho-pneumonia bil	d mitralvalves	several
	RELATED	ATION		20, AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about	1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		If in Baltimore City, give	
ID. TIME (Month) (Day) (Year) (Ho	Y OCCUR?			
22. I hereby certify that I attend deceased alive on , 19	9 52, and that death occur	13 ,1944, to red at 3:352 m., from t 38. ADDRESS 4940 Eastern A	the causes and on the c	hat I last saw the late stated above. 3c. DATE SIGNED 7-10-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR	2 mt aubr	RY OR CREMATORY 24D. L	OCATION (City, town, or challe	
VS 150	S & Company My	312 n. G	arrollton \	511



610	
BALTIMORE CITY HEALTH DEPARTMENT	52 6464
ENRTH NO. 52 -14807 CERTIFICATE OF DEATH Reg	istered No. 0404
1. NAME OF DECEASED (Type or Print) Richard James Murphy DEATH OF DEATH	July 14, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Aspital A. STAJE 8. CO	ed lived. If institution: residence OUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give treet address or HOSPITAL OR location) C. CITY OF TOWN (If outside corp	and limited to be later to
MERCY HOSPITAL Baltimore	orate limits write HURAL and give township)
c. Ligth of stay in Baltimore Yrs. O. STREET ADDRESS (If rural, give long) Days 224 N. Washing	L 11
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Inst 29, 1912 last bir	n years if Under I Year thday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country in NDUSTRY)	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	il
Fred G. Murphy English Broccol.	no
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
	N. Washington St.
18. 776 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltim INJURY OCCUR?)	ore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
MHILE AT NOT WHILE	
	, 1912, that I last saw the
deceased alive on 7-11, 1952, and that death occurred at 7:484 m., from the eauses	and on the date stated above.
Martina Triona-Certiga M. O. Mercy Hospital	23c. DATE SIGNED
24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24C. LOCATION (City, town, or county) (State)
Burial June 12 1952 Holy Redeemer CeM. 4430 Bela	
LOCAL REGISTRAR Hurtington Williams, Mit Lacul Della loce	ADDRESS
111 12 1952 Turtington Villallis, My - Lauld the No hoee	322 S. High St.

10 and the first this letter the first the the first and winter of the control

	255 BALTIMORE CITY HEALTH DEPARTMENT / 52 6465							
5	RTH NO.	52-1590		CERTIFICATI		Registered	No. 6465	
	NAME OF D		E MA	HAN		OF DEATH	10-52	
Α.	PLACE OF D Baltimore (City, Maryland	al or institut	Hosp.	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. B. COUNTY	f institution : residence defore admission)	
HC	SPITAL OR STITUTION	Sinsi 4	,	location)	c. CITY OR TOWN (III	outside eorporate lin	nits, write RURAL and give township)	
c.	Leigth of s	tay in Baltimore	65 4	Yrs. Mos. Days	D. STREET ADDRESS (If	ruyal, give location)		
	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH /	9. AGE (in years last birthday)	Months Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S I	NAME			14. MOTHER'S MAIDEN N	AME	<i>V.J. v.</i>	
15 (Ya	. WAS DECEAS a, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1635	ADDRESS LANGE	
RTIFICATION	(This does heart failt Injury or DISEASE RISE TO TUNDERLY	SOR CONDITION LEADING TO DEA's not mean the mode of tree, asthenia, etc. It mes complication which of the ANTECEDENT CAUSE (A) YING CONDITION LA	TH of dying, e. g. ms the diseaseaused death SES F ANY, GIVIN STATING TH STT.	(B)			ONSET AND DEATH	
CE	TO THE O	TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	CAUSING I		ATION		20. AUTOPSY7	
EDICAL		DENT WAS UNDER-		ACE OF INJURY (e. g., i		If in Baltimore City	yes No no give exact location)	
MEI	CAUSE OF	R CONTRIBUTING DEATH (Montb) (Day) (Year	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?		
	22. I hereb deceased a 23A. SIGNA	live on 7-10-5	tended the	deceased from 7- and that death occur	red at 3 25 p.m., from to 38. ADDRESS	the causes and on	that I last saw the the date stated above. 23c. DATE SIGNED	
24	Man. BURIAL ON REMOVALUE December 1		52	24C. NAME OF CEMETE Accred Hea	et Cene. B	OCATION (City, tow	me	
	TE RECEIVE		'S SIGNATU	Williams Mr	25. FUNERAL DIRECTOR	relly 418	Eastern as	
	VS 150 Selto VI							

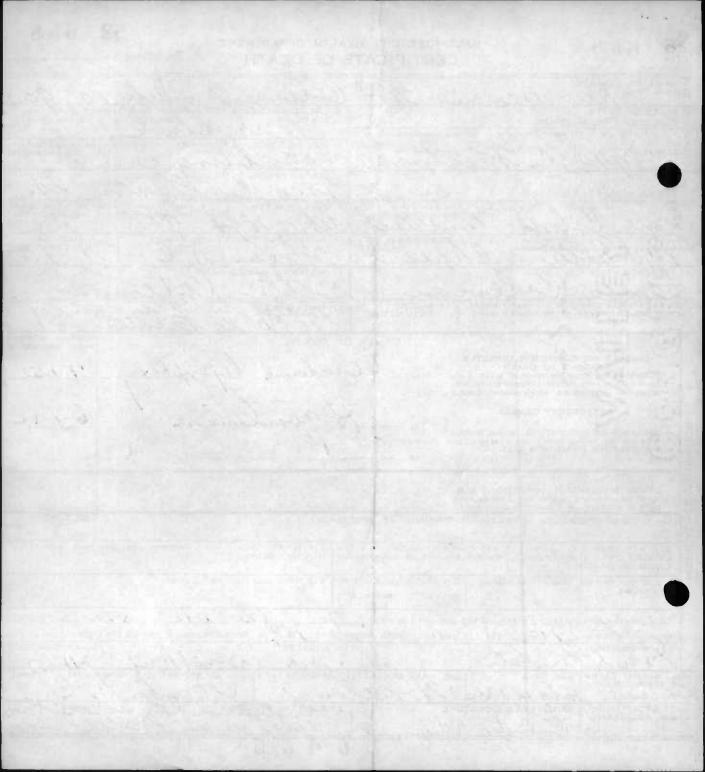


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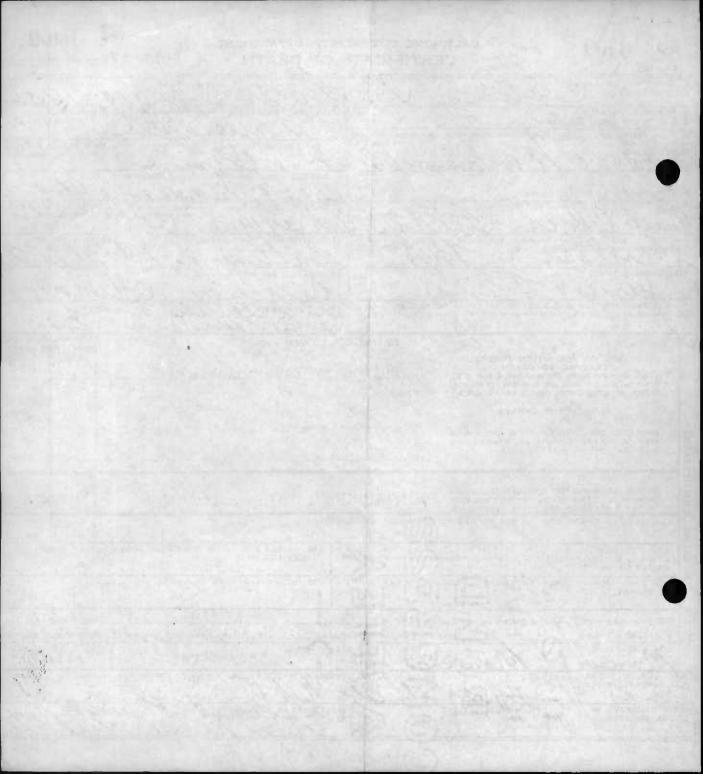
-	2 6466 RTH NO.			E OF DEATH	** *	No. 8466
1.	NAME OF DECEASED	E, S	ien st		2. DATE OF DEATH	11/1952
A.]	PLACE OF DEATH: Baltimore City, Maryland	- W. T. L. Z	0	4. USUAL RESIDEN A. STATE	CE (Where deceased lived.	If institution: residence before admission)
HO	FULL NAME OF (If not in hospital or SPITAL OR STITUTION 2 3 8, 27		location)	c. CITY OR TOWN	Balto.	att, write KTRAV and give fownship)
c.	Length of stay in Baltimore		Yrs. Mos. Days	523	S (If rural, give location)	+.
5.	sex 6. COLOR OR RACE 7.	Mar	RRIED. IVORSED (Specify)	8. DATE OF BIRTH	99 52	Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life ever firetired)	Own	HUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	tou Va	12.ºCITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIE	DEN NAME	
15. (Yes,	. WAS DECEASED EVER IN U.S. ARMED FO , no or unknown) (If yes, give war or detes of s	ORCES? 16. Service)	SOCIAL SECURITY NO.	Varion P.	Penytt 523	E. 274 st
	18. 322.2		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy	ying, e.g.,	(A) malnut	Warion P. Sentt 523 E. 2 OF DEATH trition clism		4 weeks
	heart failure, asthenia, etc. It means the injury or complication which cause		alcoho	olism		l year
z	ANTECEDENT CAUSES		(B)			
CATIO	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ATING THE	(C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED		ac weakness		1 month
	19A. DATE OF OPERATION 19B.	MAJOR FINE	DINGS OF OPER	RATION		20. AUTOPSY?
EDICAL			FINJURY (e. g., i ctory, street, office bldg.,			y, give exact location)
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify that I attend	ded the dece	ased from May	, 19 5	to July 11, 19	53 that I last saw the
	deceased alive on July 10, 1	110	AR M.D.	2431 Mar	yland Ave.	7-12-52
24 Tro	AA. BURIAL, CREMA. 24B. DATE	2 240.1	NAME OF CEMETE	Park	24d. LOCATION (City, to	Mul.
D/ LC	ATE RECEIVED BY REGISTRAR'S S	ton Will	· · · · · · · · · · · · · · · · · · ·	25. FUNERAL DIRE	CTOR AZE St.	and J.

		EALTH DEPARTMENT E OF DEATH	T Registered N	2 6467
BURTH ROLLEY	ERIFICAT	E OF DEATH	2108.000.00	
1. NAME OF DECEASED (Type or Print)	es. A PA	PPAS	2. DATE OF DEATH July	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution : residence before admission
B. FULL NAME OF (If not in hospital or institution,	give street address or location)			1111
HOSPITAL OR INSTITUTION	location)		(If outside corporate limit	township
5517 Edna Avenue	Yrs.	Baltimo		
c. ngth of stay in Baltimore	Mos. Days	5517 Ed	lna Avenue	
5. SEX 6. COLOR OR RACE 7. SINGLE, M WIDOWED.	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hour nths Days Hours Min
	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1 miles	14. MOTHER'S MAIDEN	NAME 1	
Athanasios		Unknow	wn.	
	S. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	020011111101	Son 53	517 Edna	ave
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	MOEXE6	onary emphysema	and fibrosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	(C)			
U 19A. DATE OF OPERATION 19B. MAJOR FIL	NDINGS OF OPE	RATION		20. AUTOPSY?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	OF INJURY (e. g., factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City, g	
OF INJURY WHIL			IRY OCCUR?	
the evidence obtained by said Autopsy and dgath in my opinion resulted from 23A. SIGNATURE	nains described y, Inspection or n: natural cause	Inquiry, find that said S ♠, aceident ☐, suici 23B. CHIEF MEDICA ASSISTANT MEDICA A.D. MEDICAL INVESTIG	deceased died on the de □, homicide □, u L EXAMINER□ 23	ndetermined c. Date signed July 11, 1952
TION, REMOVAL (Specify) TON,	well Cer	25. FUNERAL DIRECTO	notses Mil	ADDRESS
JUL 1 2 1932 Hurtington Well	iacus-, Miss.	LAMbras fu	meral Hon	is Jul
V S 151	29	082 4	140 E. Nort	n Huer

A to they and



3	62	50
1	52 6469 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regist	oz 6469
	CERTIFICATE OF DEATH REGIST	tered No.
	(type or Print) Janie W. Otalers 2. DATE	u10. 1952
Α.	Baltimore City, Maryland	ved. It institution residence before admission)
HC	FULL NAME OF (I not in tripital or institution, give street address or OSPITAL OR ISTITUTION C. CITY OF TOWN III outside corpora	ate limits, write RURAL and give
1	Yrs. Mos. Mos.	tion)
c.	Longth of stay in Baltimore Days 020 MUSLUMENT PARTIES. B. DATE OF BIRTH 9. AGE (In)	rears If Under 1 Yaar If Under 24 Hours
Le	male Colored Wilder Oct. 27,1913 last himsho	Months Days Hours Min.
	DA. USTAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR INDUSTRY INDUSTRY)	12. CITIZEN OF WHAT COUNTED
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	The season
	5 WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL THANKFORMANT OF THE	June 1
(Yes	(If yes, give war or dates of sorvice) SECURITY NO. 1005. The structure of sorvice)	en ane.
7	18. 002 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Pulmonary Tuberculosis	4 years
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	**************************************
	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
IFIC	11	
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT. LINVOLUTIONAL Melancholia Envolutional Melancholia	6 mos.
. 1	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
EDICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	YES NO Le City, give exact location)
ME	CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
L	m. WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deccased from 7/3 ,1952, to 7/10	, 152 , that I last saw the
	deceased alive on 11 - 1902 and that death occurred at from the causes an	nd on the date stated above. 23c. PATE SIGNED
	Marous W. Moore Sr. M.D. 1371 N. Carey Street	7/11/52
7	4A. BURIAL, CREMA- 4B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City), REMOVAL (Specify)	Lance M.
D/ LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	meres Home
#	III 131959 1 mingion Valiatus, M. 1671 Sprind	All ing
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(3	300							dir.		
5	2 64°	70	BAI	CERTIFICATI			Registered	52 No	6470	
	NAME OF C 'ype or Print)	Secret de la companya dela companya dela companya dela companya de la companya dela companya de la companya dela companya dela companya de la companya dela companya de la companya dela c	7	-oote		V.O.	2. DATE OF DEATH QUA	l	4 11.5	2
	Baltimore City, Maryland				4. USUAL RESIDE	NCE (W		If instit	on : residence	
H	FULL NAME			tion, give street address or location)	c. CITY OR TOWN		outside corporate lin	OP A	te RURAL and	give
1	ISTITUTION	2458 Brent	wood A		Baltimore		12	-0.	towns	
c.	. Gth of	stay in Baltimore		Yrs. Mos. Days	2458 Bre					
	emale	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	ff Under Months		
1 C worl	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR	II. BIRTHPLACE (S				CITIZEN OF WHAT COUNT	TRYS
	House	ewife			North Caro			U.	S. A	INII
13	John	Bunting			Unknown	IDEN NA	AME		San St.	
15 (Ye	. WAS DECEAS	SED EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 2458 Ars Floria Turlington Brentwood Av.					
ERTIFICATION	heart fail injury or DISEASE RISE TO UNDERL	LEADING TO DEA: s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e., ns the disease aused death GES F ANY, GIVING THE STATING THE ST	(B)	Linoma	7	NACKO DY			••••••
CER	TRIBUTIN TO THE E	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING I	ED IT						
AL	agri	of operation of	So-	FINDINGS OF OFER	ladder. 3	10th	s Hope	1	YES NO	TA
MEDICA		DENT WAS UNDER- OR CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			f in Baltimere City	, give e	exact location)	
2	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		INJURY	OCCUR?			
	22. I hered deceased p	by certify that I att	cnded the	deceased from	ly 10 52	From y	pe chuses and on	the do	at I last saw	ove.
2.4 TI	4A. BURIAL, ON, REMOVAL (Burial	CREMA- Specify) 7-14-5		24C. NAME OF CEMETE	RY OR CREMATORY		nton, Nor			ate)
D	ATE RECEIVE	D BY REGISTRAR		Mire Mir.	25. FUNERAL DIRE		attering		Diddle	zu.

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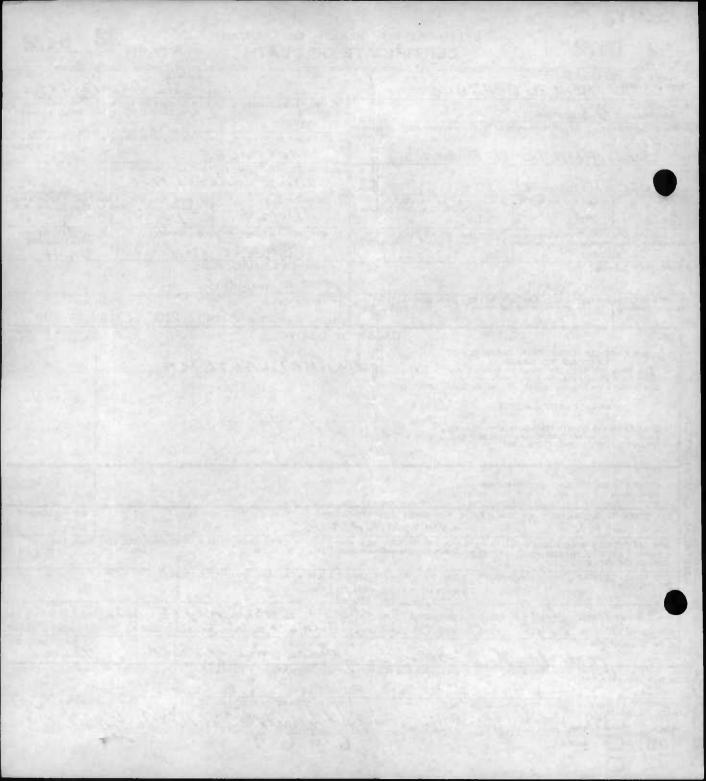
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1.60					X	
52 64 BIRTH NO.	i71		TIMORE CITY HE	ALTH DEPARTMEN	Registered N	2 6471
1. NAME OF E (Type or Print)	Ruperto Riv	rera			2. DATE OF DEATH Jul	12, 1952
	City, Maryland	1 : 4:4 - 4:		4. USUAL RESIDENCE A. STATE New York	(Where deceased lived, If B. COUNTY	
B. FULL NAME HOSPITAL OR INSTITUTION			on, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give township)
Ba.	lic Health Ser Limore, Md. stay in Baltimore	Vice H	Yrs. Mos. Days	D. STREET ADDRESS 197 Kane Str		
5. SEX male	6.COLOR OR RACE White		MARRIED. ED.DIVORCED (Specify)	8. DATE OF BIRTH Apr.13 1894		Under I Year nths Days Hours Min.
	CCUPATION (Give kind of t of working life, even if retired)	10в. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Puerto Rico	or foreign country).	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			Carmine Cl	Lorondo	
15. WAS DECEAS (Yes, no or unknown unknown	GED EVER IN U.S. ARMER (If yes, give war or date		16, SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Record, US PHS		nom, Md.
Z DISEASI RISE TO UNDERL	LEADING TO DEATER OF THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDIGITOR OF THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDIGITOR OF THE ABOVE CAUSE (B) LYING CONDITION LA SIGNIFICANT CONDIGITOR OF THE ABOVE CAUSE (B) LYING CONDITION LA SIGNIFICANT CONDIGITOR OF THE ABOVE CAUSE (B)	FH f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING THEST.	(B)	nono of	g plong	ONSET AND GEATH
TO THE	DISEASE OR CONDITION	CAUSING I		RATION		20. AUTOPSY?
	DENT WAS UNDERDED CONTRIBUTING		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	YES NO L
5	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK	TO BE COME AND A STREET OF THE STREET	URY OCCUR?	
deceased	22. I hereby certify that I attended the deceased from May 9, 1952 to Jul 12, 152, that I last saw the deceased alive on Jul 12, 1952, and that death occurred at 7:302 m., from the causes and on the date stated above 238. SIGNATURE					
248 BURIAL, TIEN REMOVAL DATE RECEIV	MON ON M.O. 248 BURIAL CREMA- 24B. DATE 249 NAME OF CEMETERY OR CREMATORY 24B LOCATION (City, town, or county) (State) 14 J. DOCKYLOLU DATE RECEIVED BY REGISTRAR'S SIGNATURE 29. FUNERAL DIRECTOR DOCKYLOLU DOCKYLO					
VS 150	JUL 131952 Huntington Wallack My Jack Lewis Sue 2100 Outow 12					

1	165						
B1	52 RTH NO.	6472			OF DEATH	Registere	52 6472
	NAME OF D	MENDEL E	EPHRAIM			2. DATE OF DEATH JU	1/4 12, 1952
	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (\) A. STATE		
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution, give street ad	dress or ecation)	c. CITY OR TOWN (II	f outside corporate li	mits, write RURAL and give
		i Hosp. Inc.	of Baltimore		BALTIMOR D. STREET ADDRESS (If		- O township
J.	eth of s	stay in Baltimore	20 years	Yrs. Mos. Days	2102 Cal		
	Male	Mhite	7. SINGLE. MARRIED. WIDOWED, DIVORCED Single	(Specify)	8. DATE OF BIRTH 4/30/24	9. AGE (In years last birthday) 28	Months Days Hours Min.
O.	done during most	CCUPATION (Give kind of of working life, even if retired)	IND	USTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
13	Sale.	esman	Wholesale Hosier	·y	Brunswick, Ma		U.S.17
		Jacob Ephraim			Rachel Kon		
15 Y~		ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY	NO	17. INFORMANT ADDRESS		
		(as you was as a succession	SECORITI	NO.	Mrs. Rachel Ephi	raim-2102 Ca	allow Avenue
ENTITION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEAT not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	THONS CONNOT RELATED	LYM	1 PHOBLAST	OMA	•
5		DE OPERATION / 1	9B. MAJOR FINDINGS OF	OPERA	ATION		
ζ	6	130/52	LYMP HO				YES NO
		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY about home, farm, factory, street, of			If in Baltimore Cit;	y, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
ric D/	deceased a 23A. SIGNA AA. BURIAL, DN, REMOVAL (S BURIEL ATE RECEIVE	TURE Malcolm CREMA- Specify 7/13/52	24C. NAME OF C	h oceur	red at 3.25 A m., from to BB. ADDRESS Sinas Hospo RY OR CREMATORY 246. L	the causes and on Balfo OCATION (City, too	the date stated above 23c. DATE SIGNED 7/12/52 wn, or county) (State)
LC	JUL 3	1952 Huntin	gton Williams,	M.Z.	of Berner & Br	11.1124-261	W. Math ave.

DATE RECEIVED BY LOCAL REGISTRAN

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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) Bult esta B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION township) 7102 Yrs. (If rural give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) Il Under 1 Year WIDOWED, IVORCED (Specify) last birthday) Months: Days Hours: Min. 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Bondia Company 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no or unknown) SECURITY NO -10-1735R INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 1957 that I last saw the 22. I hereby certify that I attended the deceased from. 19 Sand that death occurred at lois Am., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24 YBURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ALLIA

Tieth is aller The state of the s

335	21-16207				
52 6474 BALTIMORE CITY HEALTH DEPARTMENT 52 6474					
BIRTH NO. 5 - 16202 CERTIFICAT	BIRTH NO. 11-16202 CERTIFICATE OF DEATH Registered No.				
1. NAME OF DÉCEASED (Type or Print) GREGORY STIBHAM	(gregory M.Stidham) OF /- /-	2-12			
a. Baltimore City, Maryland Mercy Hosp.	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission			
B. FULL NAME OF (If not in hospital or in titution, give treet address or HOSPITAL OR location)					
INSTITUTION MERCY HOSPITAL C. CITY OF TOWN (If outside corporate limits, write RURAL a tor					
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 22,7 Aun Time den Au	-			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	, last birthday), Mont	der Yeat If Under 24 Hours hs Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		2. CITIZEN OF			
work done during most of working life, even if retired) INDUSTRY	Bultiniae	U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Margaret Dorsey				
(Yes, no or unknown) (If yes, give war or dates of service) No None	Mr. Jack F.Stidham-2217 Hunt	ingdon Ave.			
18.057.1 1 CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	transa Malabla				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Treema firstably Meuin go coccir	24 hrs.			
ANTECEDENT CAUSES	Meun go co con	24 hrs.			
	V				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
(с)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., i	in or 21c. WHERE DID (If in Baltimore City, giv	YES NO E			
CAUSE OF DEATH	etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 11:00g.m. 7-12, 1952, to 12:30pm. 9-12, 1952 that I last saw the					
	ared at 12:10 m., from the causes and on the	date stated above			
Martina Tirona-Certiga M.O.	Mercy Hospital	7-12-52			
24a. Burial, CREMA- TION, REMOVAL (Specify) Burial 7-15-1952 New Cathedral					
DATE RECEIVED BY REGISTRAR'S SIGNATURE					
LOCAL REGISTRAR Hurtington Williams, Mr.	George J. Ruth, Inc1735 Harfor	d Avenue			
VS 150	6471				

(at (thirty 6.16 property) T. Tuck I.S. (o'cm-"al" Star .T . thirofle, curry a not no more than a contract to the contrac cities and the training of the contract of the

116				
52 6475 BA	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No	2 6475
1. NAME OF DECEASED JOSEPH	M. 51	LVERMAN	2. DATE OF DEATH 7	13-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution) INSTITUTION	ation, give street address or location)	c. CUM OR TOWN (If	outside corporate limits.	
2527 Shirley	ave	baltin	ore /	township)
c. gth of stay in Baltimore	40 Mos.	2527 An	ural, give location)	we
	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year H Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of log. KIN ork donolluring montof orking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHIPLACE (State or for	rign country) 1	2. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME		14 MOTHER'S MAJDEN NA	ME	
YS. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	DOK ADI	DRESS,
18. 442%	CAUSE	OF DEATH	- Canado -	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	p.	1. 11.	110	ONSET AND DEATH
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	ise,	cores com	a flower	125- 3 as
injury or complication which caused dead	Cu	abras arter	ioschmin	V
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.		actionsise Va	2019 MA	
	(C)	1		7*&
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED thesalter	ewe Carelio - Va	scular Rom	a Divens
	R FINDINGS OF OPER	ATION	A	20. AUTOPSY?
	ACE OF INJURY (e. g., in, farm, factory, street, office bldg.,		in Baltimore City, giv	YES NO VE exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	454
m.	WORK NOT WHILE			
2. I hereby certify that I attended the		30 195 , to		that I last saw the
deceased alive on , 19	and that death occur	3B. ADDRESS	e causes and on the	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City town, or	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE,	A5. FUNERAL DIRECTOR	1 were	ODRESS ()
LOCAL REGISTRAR Huntington	Velliagus Mir	talk Levis	nc 21006	ataw/L
Vs 150 1352	2	6 4 7 2		

3913 Labrunth Ral

1	00	MARY C.W.	lister .		
5/A	2 6476 RTH NO.		EALTH DEPARTMENT	Registered No	6476
	NAME OF DECEASED Mark	S.M. We	1	OF July 10,	1952
A.	PLACE OF DEATH: Baltimore City, Maryland	11 11	4. USUAL RESIDENCE (When		tution: residence before admission)
H	FULL NAME OF (If not in hospital or in STITUTION 838 7.	institution, give street address or location)	c. CITY OR TOWN (If out	side corporate limits, wr	ite RURAL and give township)
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If run	al give location)	V.
5		SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)		AGE (In years It Under last birthday) Months	
10	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12.	CITIZEN OF
13	FATHER'S NAME	la ana	MOTIPER'S MAIDEN NAM	Jana la	,
YE (Ye	WAS DECEASED EVER IN U.S. ARMED FOR (If yes, give war or dates of set	CES? 16. SOCIAL SECURITY NO.	TOWN ORMANT WILL	wion (Bro.)	Ess 1425 Clive #7. (30)
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyl heartfailure, asthenia, etc. It means the injury or complication which caused	ng, e.g., (A)	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	death.) DUE TO	gartension		unknun
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
ERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATEO	hare		
		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., c		n Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (House Finjury	r) 21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK		CCUR7	
	22. I hereby certify that I attended deceased alive on 19 19	d the deceased from Jest, and that death occur	red at 9:000 m from the	causes and on the d	at I last saw the
	23A. SIGNATURE Le		38. ADDRESQuestersla		July 12 57
	A. BURIAL, CREMA- PREMOVAL (Specify) July 14-19	52 Holy hon	Cem. 2000	heyn G	1. Co. May
5	CAL REGISTRAR Huntington	Williams M.P.	PHOWARD DIRECTOR	1 Evan	DRESS
	Vs 150	9044400	5 Charles	Styfali	3, 39 mg

234			
a seal	RE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH	Registered No.	6477
1. NAME OF DECEASED (Type or Print) Francis J. O.O.	STALLA	2. DATE OF	10th 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	There deceased lived. If institut B. COUNTY	ion: residence before admission)
B. FULL NAME OF (If not in hospital or institution, given HOSPITAL OR INSTITUTION		outside corporate limits, write	
205 Tunbridge	Yrs. D. STREET ADDRESS (If	rural, give location)	2 township)
c. gth of stay in Baltimore	? Mos. 205 TUII	bridge	Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, DI	VORCED (Specify) OCT-14-1889	9. AGE (In years II Under I Ye last birthday) Months D	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	USINESS OR 11. BIRTHPLACE (State or fo		TIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	- 1/1	. S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL TIMEORMANT	a w	
	ECURITY NO 27 INFORMANT Q. (Postello - 205 To	in hride P.
18. 45 1X	CAUSE OF DEATH		SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g.,	(Rupture of dissic	ting	3 GRZAs.
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	JE TO PERSON AND of whole	ancial asta	
ANTECEDENT CAUSES	(в)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	UE TO		
	(C)		***************************************
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT	NGS OF OPERATION	2	O. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF	INJURY (e.g., in or 21c. WHERE DID (I	f in Baltimore City, give exa	ect location)
LYING OR CONTRIBUTING about home, farm, factor CAUSE OF DEATH	pry, street, office bldg., etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. IN GF INJURY WHILE AT	JURY OCCURRED 21F. HOW DID INJURY		
I hereby certify that I attended the decease	sed from home 16, 1952, to	July 10, 1952 that	I last saw the
		he courses and on the date	e stated above.
Man Speed	M.D. 11 E. Chase	. 54: 7	DATE SIGNED
24a. BURIAL, CREMA- TION REMOVAL (Specify)	AME OF CEMETERY OR CREMATORY 24D. LC	CATION (City, town, or cour	nty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDR	ESS O
11 1 2 1050 Thurtington Wall	war MXVVII Sankers of	Insto 49054	stord
vs 150	29038474		

60. 112 Chase

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6478

1. NAME OF DECEASED 2. DATE (Type or Print) ELIZABETH **OIGANEK** DEATH July 9, 1952. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 4940 Eastern Ave. B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals township) Baltimore About 48 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1216 S. Highland Ave. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year last birthday) Months: Days WIDOWED, DIVORCED (Specify) Hours Min. Female White Married March 19, 1885 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
House Work INDUSTRY WHAT COUNTRY At Home Ozechoslovakia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Vlcek Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no.gr nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknowa) SECURITY NO. Frank T. Oiganek 1216 S. Highland Ave. 260X INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 2. I hereby certify that I attended the deceased from any 1951 19 Sot that I last saw the 1952, and that death occurred at 10:45 R. Hom the causes and on the date stated above. deceased alive on My 23/2SIGNATURE 23c. DATE SIGNED 23B. ADDRESS. 24K. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 7401 German Hill Rd., Ba.Co., Md. Burial Sacred Heart Cemetery 25. FUNERAL DIRECTOR DATE RECEIVED BY 901 S.Conkling ST. VS 150

THE STREET · Transportation Called Sangar PROTECTIVE SELECTION The state of the s The state of the first owners that I would not be the first of the first of the first of the first of the first owners and the first owners are the first owners and the first owners are the first owners and the first owners are the first ow

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52 6479 BALTIMORE CITY HEALTH DEPARTMENT 52 6479 Registered No.					
BIRTH NO. 52-15582 CERTIFICATE	E OF DEATH Registered No.				
I. NAME OF DECEASED (Type or Print) Joseph HOCK	of July 12, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland				
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
St. Joseph's Hospital	Baltimore D. STREET ADDRESS (If rural, give location)				
gth of stay in Baltimore life Days	4903 Fait Avenue - 24				
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years f Under Year ff Under 24 Hours last birthday) Months; Days Hours Min.				
Male White Single	July 10,1952				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Infant	Baltimore				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Gerard Hock	PHILOMENA KAMMERON				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT RECORDS.				
18. FARY . CAUSE	OF DEATH INTERVAL BETWEEN DISET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g.,	ator/Segurid Colon				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES	1-11 :				
DISEASES OR CONDITIONS, IF ANY, GIVING	my signing occa				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?				
7	YES NO YES NO YES AND				
Z 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?				
Th. WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from July 10th, 1952 to July 12, 1952, that I last saw the					
deceased alive on July 12, 1952, and that death occur	rred at 4:30p m., from the causes and on the date stated above.				
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED 7-12-52				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RYOR CREMATORY 24D. CATION (City, town, or county) (State)				
Burial July 14,1952 Sacred Heart					
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE	25. FUNERAL DIBECTOR ADDRESS ADDRESS Conkling St.				
JUL 1 31952 Tuntington William Big	6 6 7 ()				
-Vs 150					

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and a little man and the state of the state

MICCHELL KRAMERON MEST NECLARS

240. LOCATION (City, town, or county)

23c. DATE SIGNED

TION. REMOVAL (Specify)

Plu-C

23A. SIGNAZORE

DATE RECEIVED BY

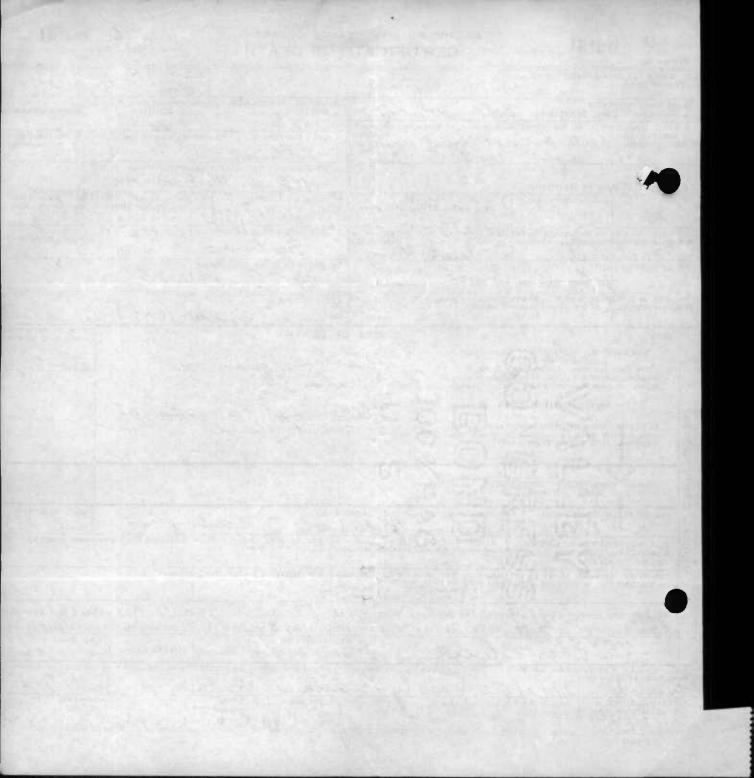
VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL

24c. NAME OF CEMETERY OR CREMATORY

South Belliner General



CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT 6481 Registered No BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) MATTHEW SCHMIDT OF DEATH JULY 10 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution! residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SECOURS BON BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. 85 W. BALTIMORE th of stay in Baltimore 5. SEX 6. COLOR OR RACE 9. AGE (in years) 7. SINGLE, MARRIED. If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. MARRIED 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? GERMANY U-5. A. IRON WORKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uoknowo) (If yes, give war or dates of service) SECURITY NO. NO 425 GWYNN AVE. ON, EDWARD INTERVAL BETWEEN 18. 6/ CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., WHATERIOSCLEROTIC HEART DISEASE heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE doly 10, 1952 that I last saw the 2. I hereby certify that I attended the deceased from 1932 to deceased alive on frely 10, 1952, and that death occurred at 16: on, from the causes and on the date stated above. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 240, LOCA DATE RECEIVED BY 25 FUNERAL DIRECTOR VS 150

THE PARTY AND THE PROPERTY OF THE PARTY OF T

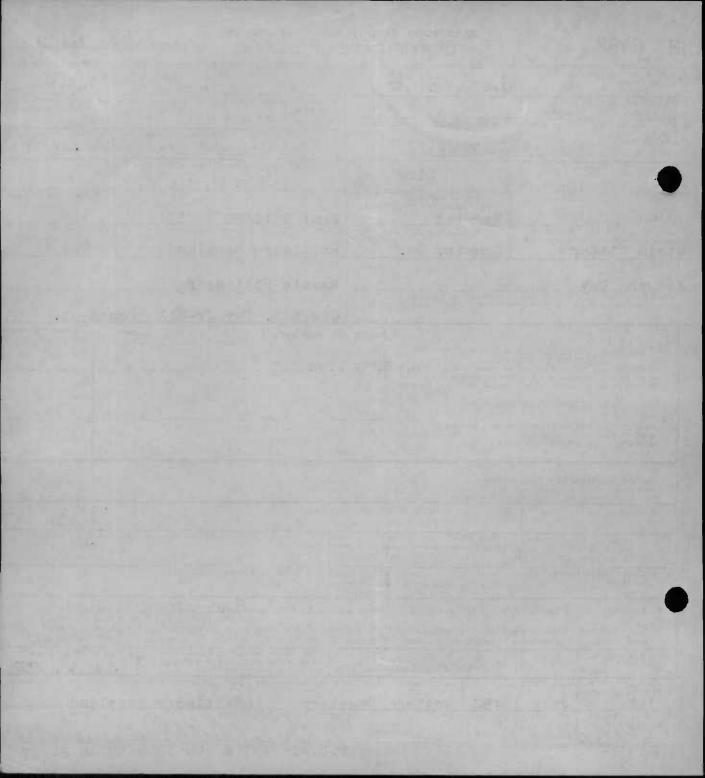
000						
52 6482 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	6482		
1. NAME OF DECEASED (Type or Print)	JAMES E. DAY		OF July 1	0, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived, If inst B. COUNTY	itution : residence before admission)		
HOSPITAL OR INSTITUTION	al or institution, give street address or location) ayette St.		outside corporate limits, w	rite RURAL and give		
c. Aigth of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If r				
5. SEX 6. COLOR OR RACE male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan: 23:1899		r l Yess If Under 24 Hours S. Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for Baltimore Mary		CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Day		14. MOTHER'S MAIDEN NA Mannie Hilling	ME			
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT James E. Day J	ADDI			
(This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of the mode of t	rans the disease, caused death.) DUE TO SES FANY, GIVING STATING THE DUE TO AST. (C)					
U 19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., la about home, farm, factory, street, office bldg., e		f in Baltimore City, give			
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?			
the evidence obtained by and death in my opinion	rge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	Autopsy, Inquiry, find that said de XI, accident . suicide	nspection or Inquiry ceased died on the control in	etermined .		
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial July 1	23a. SUNATURE 23b. CHIEF MEDICAL EXAMINER					

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

VISING STRAN

V



520					
Charles Charles	EALTH DEPARTMENT 52				
BIRTH NO. 52-15/32 CERTIFICATI	BIRTH NO. 52-15132 CERTIFICATE OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) David Burton De Moss	2. DATE OF JULY 13. 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
institution Hosp of mod	Balto 14 Eagle township)				
c. eight of stay in Baltimore	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year It Under 24 Hours				
male White SINGLE	July 2, 1952 mast offenday) months bays hours with.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DEGEASED EVER IN U. S. ARMED FORCES? I 16. SOCIAL	Virginia High bester				
(Yes, no or unknown) (If yes, give war or dates of cervice) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
18. 776X CAUSE	OF DEATH / A INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	maturely				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
UNDERLYING CONDITION LAST.					
(c)					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSYZ				
N N N N N N N N N N N N N N N N N N N	YES NO X				
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY					
m. WHILE AT NOT WHILE AT WORK					
deceased alive on 1/13, 1952, and that death occur	rred at 1 2 m., from the causes and on the date stated above.				
	338 ADDRESS 23c DATE SIGNED				
7. (Wegslins) M.D.	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
24A. BURIAL, CREMA-24B. DATE 24C NAME OF CEMETE TION, REMOVAL (Specify) 7-14-52 CHESTER.	CEMETERY CHESTER TOWN, MD.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
111 1 4 1952 Huntington Williams, M.	Leonard J. Ruck 5305 Harford Rd.				
vs 150 1 9 5 2 0 0 0	6486				

DESCRIPTION OF REPORT OF ASSESSMENT OF

 400

 52
 6484

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6484

BIRTH NO.						
1. NAME OF (Type or Print)		OBEMO	r WETTY		2. DATE	
3. PLACE OF	DEATH:	OKENCI	E KELLY	4. USUAL RESIDENCE (W	here deceased lived	. If institution : residence
	City, Maryland	-1 1 11 1		A. STATE Maryland	B. COUNTY	before admission)
B. FULL NAME	OF (II not in hospit	al or institut	ion, give street address or location)		outside corporate li	mits, write RURAL and give
INSTITUTION	4700 Har	ford H	Road	Baltimor		township)
10			Yrs.	D. STREET ADDRESS (If	4	
c. Seth of	stay in Baltimore		Mos. Days	1818 N. Washi		
5. SEX	6.COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	
female	white		red, divorced (Specify)	Mar. 9,1874	last birthday) 78	Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
ork done during mos at h	t of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIDEN NA	ME	
Capt.	James W.	Norths	a m	Julia Ann ?		
15. WAS DECEAS	SED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	Mr. Milton Kel	137 670	
1.0 174	200	10 10 10 10 N	CAUGE		1, 002	E 37th Street
18. ///	1		CAUSE	OF DEATH		ONSET AND DEATH
	SE OR CONDITION LEADING TO DEAT	ГН	C		B . H	Left 1 15/25
(This does	es not mean the mode of lure, asthenia, etc. It mea	f dying, e. g	(A)	unoma of	ereasy.	TYTOYAS
	r complication which		i) DUE TO wit	rainona of	I metasti	ioro
	ANTECEDENT CAUS	ES		100 5-0 5-0 5-0 5-0 5-0 5-0 5-0 5-0 5-0 5		TOTAL PROPERTY OF THE PARTY OF
z			(B)		*****************************	***************************************
DISEASI	ES OR CONDITIONS, IN THE ABOVE CAUSE (A)	F ANY, GIVIN STATING TH	IE DUE TO	20	0. 1	
UNDERL	YING CONDITION LA	ST.	(C) 72	-ture offe	of this	4mo.
E			1	7		
OTHER	II SIGNIFICANT CONDI	TIONS CON				
TRIBUTIN	IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
<u> </u>			FINDINGS OF OPER	RATION		20. AUTOPSY?
A						YES NO
21A. ACCI	DENT WAS UNDER-		ACE OF INJURY (e. g.,		f in Baltimore Cit	y, give exact location)
LYING C	OR CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK	2 : 10 24 (1)	./	
22. I here	by certify that I att	ended the	deceased from	195/10/1		I that I last saw the
23A. SIGN		_, 192 = .		rred at 4.30 f.m., from the	ne causes and or	n the date stated above.
25A, 51GN/	Lloys	1 8. A	auslon M.D.	3902 Greenmon	ent ano.	July 12,1952
24A. BURIAL, TION, REMOVAL	CREMA- 248. DATE		24C NAME OF CEMETE		OCATION (City, to	wn er county) (State)
Burial	7/14/	52	Solomons C	emetery Solo	mons Isl	and Maryland
DATE RECEIV	ED BY REGISTRAR	S.SIGNATI		25. FUNERAL MRECTOR		ADDRESS
LOCAL REGIS	TRAR Junlings	on Wel	haus Mir.	Lonard JA Rack	1 5305 H	arford koad.
VS 150	193/	1	9540	C C THE CH	0000 11	arrord mosus
A2 120			A BALL STATE			

MAD ASSTANDERS CASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6485

Registered No.____

		CERTIFICAT	E OF DEATH	recgiocerca r	.10.
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	SOPHIA	CHRISTINE	REPP	OF Jul	ly 11, 1952
3. PLACE OF DEATH: A. Baltimore City, Marylan	d		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in		ion, give street address or	Maryland		
HOSPITAL OR INSTITUTION 2716 I	Bauernwoo	d Avenue	c. CITY OR TOWN (He Baltimor		ts, write RURAL and give
	TELL CLOSE	Yrs. Mos.	D. STREET ADDRESS (If r		
c. Lagth of stay in Baltim		Days		wood Avenu	
female white	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) dowed	May 13, 1874	9. AGE (In years last birthday) Mo	M Under 1 Year M Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give	kind of 108, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for		12. CITIZEN OF
ork done during most of working life, even if at home	retired)	INDUSTRY	Baltimore, Mar	yland	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Charles Rust			Catherine ?		
15. WAS DECEASED EVER IN U.S. Yes, no or unknown) (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
			Miss Anna M. Ge	rstmyer-27	716 Bauern-
(This does not mean the neart failure, asthenia, etc. injury or complication w ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUSU UNDERLYING CONDITION OTHER SIGNIFICANT OF TRIBUTING TO THE DEATH TO THE DISEASE OR CONI	It means the diseas hich caused death CAUSES ONS, IF ANY, GIVING (A) STATING THOM LAST.	(B) Cas	endros Ditalo Orios Hypente o Senorale ar		earl Sylais
19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UND		ACE OF INJURY (e. g.,		in Baltimore City,	give exact location)
LYING OR CONTRIBUTI	NG anoue nome,	farm, factory, street, office bldg.,	INJURY OCCURY		
21D. TIME (Month) (Day) OF INJURY	- T	21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	
22. I hereby certify that deceased alive on			rred at 330 Pm., from th		that I last saw the he date stated above
23A. SIGNIBOL	Coiseul		2200 Mayf	ald ave	7-12-52
24A. BURIAL, CREMA- 24B. D TION, REMOVAL (Specify)	ATE A /10E0	24c. NAME OF CEMETE		eltimore.	
Burial 7/1	RAR'S SIGNATU	Baltimore	5. FUNERAL DIRECTOR	ricinore,	Mary Land ADDRESS
LOCAL REGISTRAR	Finator W.	lliacus, M.P.). X rues	c, 5305 Ha	rford Road
VS 150	1 / 3		6 6 8 9		

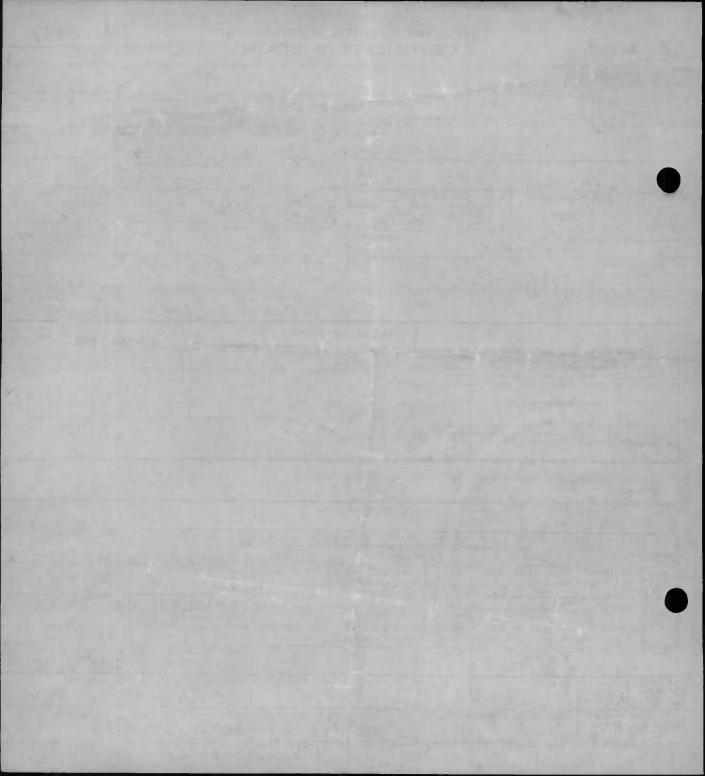
Elsenberg Ave.

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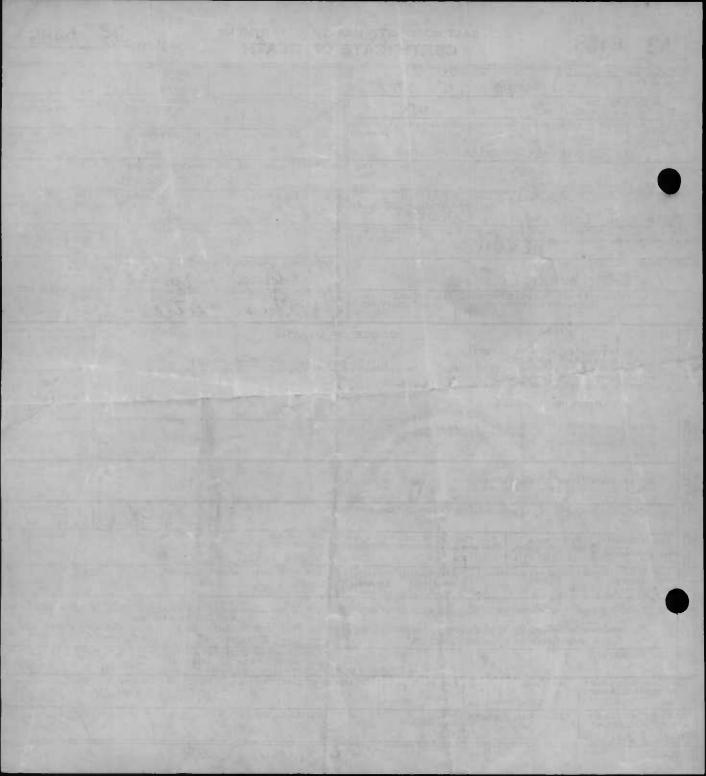
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3	60 RE	1-161008			ALTH DEPARTMENT	Registered :	52 6486 No.
ВІ	RTH NO.		- CLIV	III ICATE	. OI DEATH	<u> </u>	
	NAME OF D		r Yetter			OF DEATH July	13, 1952
Α.		EATH: City, Maryland OF (If not in hospite	el on inetitution, give a	treat address as	A. STATE OF JOING	Where deceased lived, 16 B. COUNTY	institution; residence hefore admission)
H	SPITAL OR			location)		outside corporate limi	ts, write RURAL and give
IN	STITUTION	Baltimore ?C 4940 Eastern	Avenue		Collingswood D. STREET ADDRESS (If		township)
c.	eigth of s	tay in Baltimore	14 10 R	Mos. Days	139 Frazier A		wood, N. J.
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIV	ED.	8. DATE OF BUTTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours onths: Days Hours Min.
	Male	White	Married		March (30, 1890	62	
work	A. USUAL OC done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUS	INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		The second second		14. MOTHER'S MAIDEN N		
			Yetter (Dec)	Charlotte Be	rgmann	
15 (Yes	, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates		CHDITY NO	17. INFORMANT Secords: B. C. H.		n Avenue
	18. 420	7.1		CAUSE O	F DEATH		INTERVAL BETWEEN
	1 -	E OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	not mean the mode of	f dying, c. g.,	Acut	e pulmonary Eden	33.	1 day
	heart failu	rc, asthenia, etc. It mean	ns the disease.				
	1113013 01	complication which c	aused death.) DUE	то			
	injury or	ANTECEDENT CAUS	aused death.) DUE				2 3
N		ANTECEDENT CAUS	aused death.) DUE		coronary occlus	ion	2 or 3 days
TION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A)	aused death.) DUE ES FANY, GIVING STATING THE DUE	Acute	coronary occlus	sion	2 or 3 days
CATION	DISEASES	ANTECEDENT CAUS	aused death.) DUE ES FANY, GIVING STATING THE DUE ST.	Acute	coronary occlus	ion	2 or 3 days
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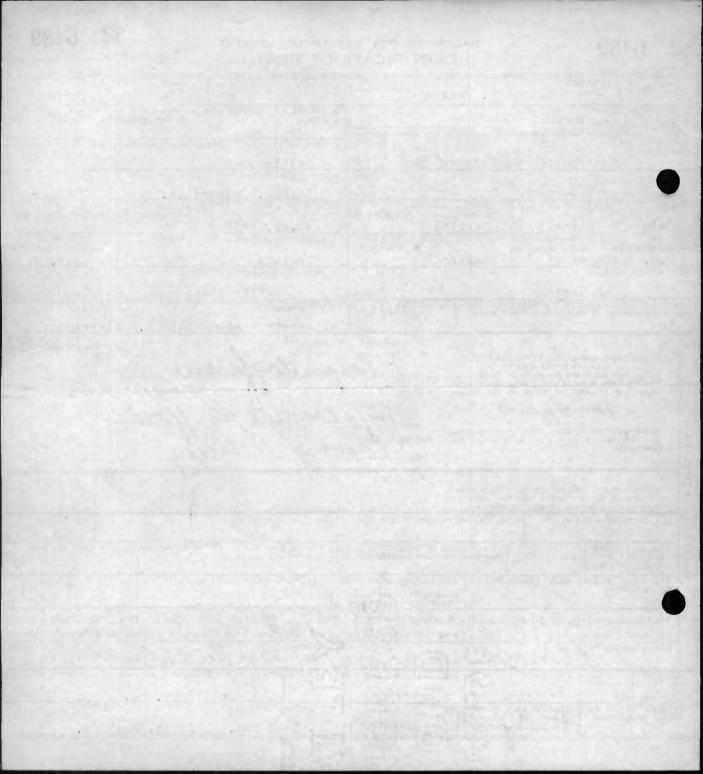
52		0:00
FO 0400	Y HEALTH DEPARTMENT 52 CATE OF DEATH Registered No.	6487
1. NAME OF DECEASED (Type or Print)	2. DATE	
JEROME SPENCER	DEATH JULY	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If ins	before admission
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR	ress or Maryland cation) C. CITY OR TOWN (If outside corporate limits, v	mit. DIIDAI and also
South Baltimore General	C. CITTON TOVIN (II dueside corporate mints,	2 township
	Yrs. D. STREET ADDRESS (If rural, give location)	
c. ligth of stay in Baltimore	Mos. Days 678 W. Saratoga Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRISD. WINGWED, DIVERCED	(Specify) 8. DATE OF BIRTH 9. AGE (In years) If Units (Specify) 9. AGE (In years) Month	fer I Year If Under 24 Hours es: Days Hours Min.
mare outside		
10A. USUAL CCCUPATION (Give hind of 10B. KIND OF BUSINESS work done during most of working life, fentite tired)	OR USTRY 11. BIRTHPLACE (State or preign country) 12	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
adde Splucer	James !	Mar
15. WAS DECEASED EVER M U.S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give wan or dates of service) SECURITY	NO. Therest Spencer - A	aralogues
18. E929, 8 . CA	USE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	owning	
injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES		
UNDERLYING CONDITION LAST.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATEO		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		L SO AUTORSYS
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY about home, farm, factory, street, off.	(e. g., in or 21C. WHERE DID (If in Baltimore City, giv	e exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING IX OR CONTRIB- UTING IX CAUSE OF DEATH. 21B. PLACE OF INJURY about home, farm, factory, street, off the part of th	Light and Conway Streets	22/1
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?	
July 11, 1952 2:30 P. m. WORK AT	TWHILE X Found drowned	
22. I certify that I took charge of the remains descri	ibcd above, held an inspection & inquiry Autopsy, Inspection or Inquiry	thereon and from
the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural	n or Inquiry, find that said deceased died on the causes \square , accident \square , suicide \square , homicide \square , und	letermined .
23A. SIGNATURE	ASSISTANT MEDICAL EVAMINED TO	DATE SIGNED -y 12, 1952
243. BURIAL, CREMA 24B, BATE 24C, NAME OF C	EMETERY OR CREMATORY 240 J-OCATION (City, Jown, or	County) Watate)
DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR, AI - 91	DDRESS
V S 151	16000	1
N 990×	haven the cue	



346	7.0
52 6488 BALTIMORE CITY HE CERTIFICATION	E OF DEATH Registered No. 6488
1. NAME OF DECEASED (Type or Print) JOHN BUTLER	2. DATE OF DEATH July 11. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Provident Hospital Yrs. Mos.	Baltimore D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDON DIVERSED (Specify)	1212 McCulloh Street 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min.
Male Colored CMCCO	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF
10A. USUAL OCCUPATION (Give hild of to B. KIND OF BUSINESS OR work done during most of working life, or hild rived) INDUSTRY	WHAS CONTRY
13. FATHER'S NAME Sutler	Juliua Hamilton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	The Butter - Mc Cedbly
1,1,0	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	t wound of the chest
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	
UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. Home	in or 21C. WHERE DID (If in Baltimore City, give exact location)
∑ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	1212 McCulloh Street ///4
July 11, 1952 A m. WHILE AT NOT WHILE AT WORK	x Firearms
22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural cause	8 , accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER
	I.D. MEDICAL INVESTIGATOR JULY 11, 1952 ERY OR CREMATORY 249 LOCATION (City, jown, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Huntington Williams 4	She of Hulelead - 418-
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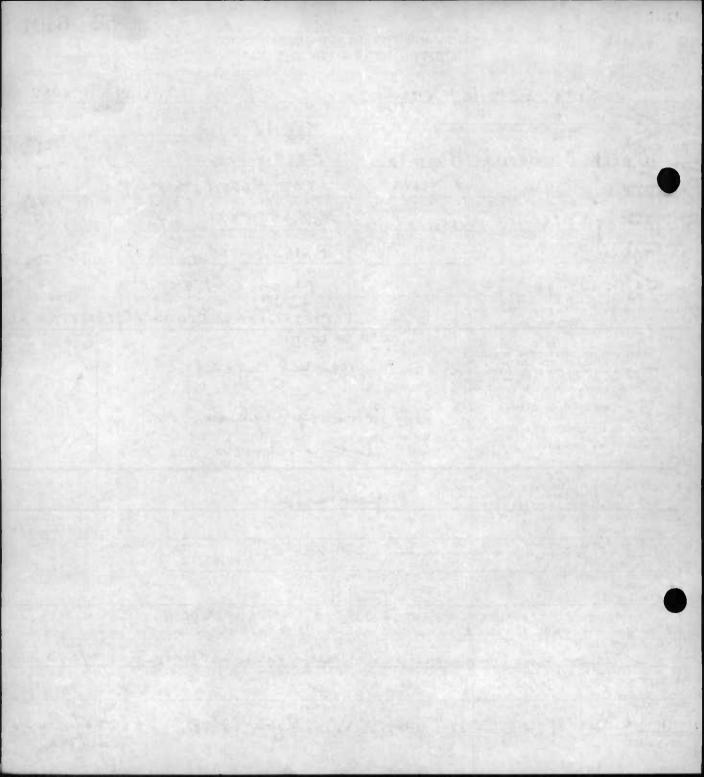
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5%	649	0	BAL	TIMORE CITY HE	ALTH DEPARTM		Davistan 1	52	Sign
BII	RTH NO.R-	543-		CERTIFICATI	E OF DEATH	1	Registered	No	<u> </u>
	NAME OF DE	SAMA		TREVNOI	109	1	OF DEATH	JL 12	1952
Α.		ity, Maryland 💹	rtho	Halu	A. USUAL RESIDER	NCE (Whe	re deceased lived, I B. COUNTY		on: residence efore admission)
HC	FULL NAME (SPITAL OR STITUTION			n, give street address or location)	c, CITY OR TOWN	/ (If our	tside corporate lim	its, write h	RURAL and give township)
3	*	JOHNS HOPK	INS HOSP	Yrs.	D. STREET ADDRES	MOH	al, give location)	-00	0.
c.	bength of st	ay in Baltimore		Mos. Days	2327	N/C	harles	ST	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH		AGE (In years last birthday)	If Under 1 Year Ionths: Da	
1	emale	white		IJ	5-10-5-6		95	112 017	
work	done during most o	CUPATION (Give kind o f working life, even if retired	108. KIND	INDUSTRY	11. BIRTHPLACE (St	uate or fore	Md.		IZEN OF AT COUNTRY?
18	FATHER'S N	IAME		0.0	14. MOTHER'S MAI	DEN NAM	E	,	
15	WAS DECEASE	D EVER IN U, S. ARME	DEORCES?	16. SOCIAL	Nav	ak	ano	ADDRESS	NO
(Yea	, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	JOHNS	HOPKI	NS HOSPITA	,	
	18. 420	, o and E	904.0	CAUSE	OF DEATH	. 1			ERVAL BETWEEN
		E OR CONDITION	TH	Arter	insdiration	Litear	+ Direase	1,05	18 031
	heart failu	not mean the mode re, asthenia, etc. It me complication which	ans the disease	,			MOIra	Miller	/ _ ^
		ANTECEDENT CAU	SES		1 0%	المراء	GERTIER ATION	New	M.D.
TION		OR CONDITIONS,			42 413	> 5(0	1400.0	MED CAL	EXAMINER.
1		HE ABOVE CAUSE (A)		(C)			CHIEF OF THE	1º 100	
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ប៉	TO THE O	SEASE OR CONDITIO	N CAUSING IT		RATION			20	AUTOPSY7
AL		8,452	F	ractured h	(p			YE	
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	about home, fa	CE OF INJURY (e. g., I arm, factory, street, office bldg.,			in Baltimore City	les	1 1
Σ	21D. TIME (Month) (Day) (Year	(Hour) 2	TE. INJURY OCCURR	t out r.	INJURY	OCCUR?		
	July!	6, 452	m.	WORK NOT WHILE				-10	
	22. I hereb	y certify that I at	tended the	deceased from 7-	19 K	from the	- /R , 196	that	I last saw the
	deceased al	TURE /	1	12	23B. ADDRESS			23C	DATE SIGNED
	Ce	conject!	Jus	M. D.	JOHNS HOP		OSPITAL CATION (City, tow	m. of gour	ty) (State)
	NE BURIAL (S	pecify) 24/	150	Bal?		245, 200	Bult	- m	d.
	TE RECEIVE	D BY REGISTRAF	S'S SIGNATU		25. FUNERAL DIRE	ECTOR		ADDR	ESS
11	CAL REGIST	1 Hunt	to 1	111: 110	45m Cook	Juc.	1217 St.	Pau	l st
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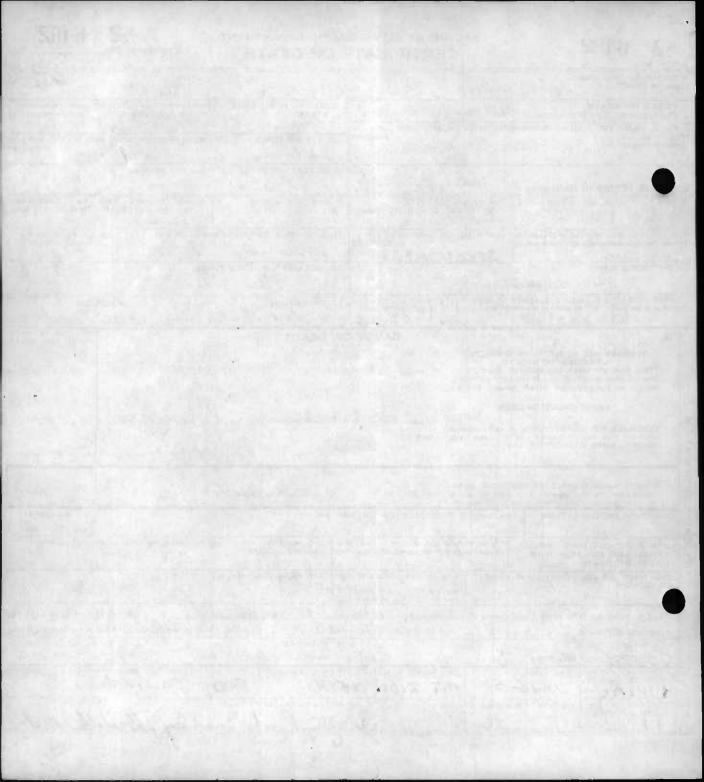
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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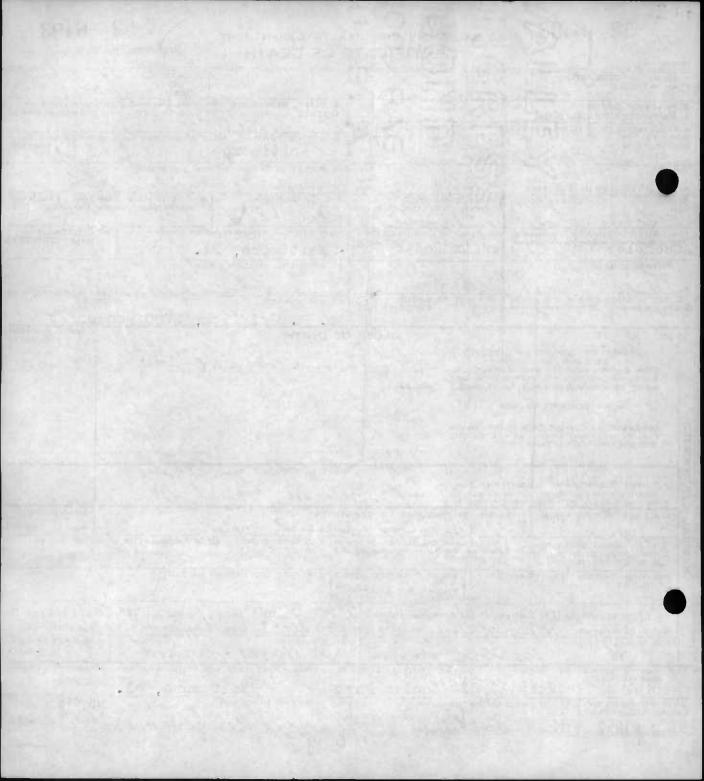
BIRTH NO.	IIFICATE	OF DEATH	negratere it	V
1. NAME OF DECEASED (Type or Print) Kate Estelle Y	PAGN		2. DATE OF DEATH Jul	v 11.1952
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION	1	Maryland ()	f outside corporate limits	
	pital	Baltimore		o downship)
c. Sigth of stay in Baltimore 64 ye	Yrs. Mos. Days	1537 Abbo		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIV WIDOW	ORCED (Specify) 8	Nov. 29, 1887	9. AGE tin years If	Under I Year II Under 24 ilours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	SINESS OR INDUSTRY	1. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
None 13. FATHER'S NAME		Baltimore, 1	12ry and	USA
John Biggar		4. MOTHER'S MAIDEN N	Rexroth	
15. WAS DECEASED EVER IN 0, 5. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SE	CURITY NO.	7. INFORMANT Mrs. Norma	Brand 153.	7 Abbottston St.
18. 420.1	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. No 0	0	1.	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	E TO	armax cara	re f (or	
injury or complication which caused death.) DU ANTECEDENT CAUSES	E 10 0			
z	B) Coron	rang ocches	ion	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST.	E TO CO.			
	c) Urt	crosclerosi.)	•••••
OTHER SIGNIFICANT CONDITIONS CON-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Huper	tension		
194. DATE OF OPERATION 198. MAJOR FINDIN	GS OF OPERAT	TION		20. AUTOPSY?
U 218 PLACE OF	INJURY (e. g., in or	21c. WHERE DID	(If in Baltimore City, g	YES NO P
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factor	y, street, office bldg., etc.)	INJURY OCCUR?	(II in Baltimore City, g	ive exact location)
OF INJURY	URY OCCURRED	21F. HOW DID INJUR	RY OCCUR?	
m. WHILE AT	NOT WHILE AT WORK			
22. I hereby certify that I attended the decease	ed from July	8 , 1952, to	July 11_, 1952	that I last saw the
deceased alive on July 11, 19 52, and the		a. ADDRESS	the eauses and on th	e date stated above.
Georgia Regnol	- 111	men Memor	al Hospital	7/11/52
24a. BURIAL, GREMAN 24. DATE 24C. NAI	ME OF CEMETERY	OR GREMATORY 240.	LOCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ankwo	5. FUNERAL DIRECTOR	arkville	ADDRESS
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	us M.P.U	Im. Coolas +	Pears St. Pu	ul & Preston Sts
VS 150	(3) a = 10,3	9	B	alto, md,



.3	54			. «	541 E M 2	E AF H	FLAA		7			
P-16	2 0	:00					ALTH DEP	ARTMENT		52	64	92
	olla,	192			CERTIF	ICATE	E OF DE	ATH	Registere	d No.		
	ME OF D	ECEASE	Sheete	nheln	w, Mr	Ch	arles		2. DATE OF DEATH	uly 11	, /	952
3. PL	ACE OF D	EATH:	aryland 4					SIDENCE (W	here deceased lived			residence re admission)
A. Da B. FUI	LL NAME	OF (If not in hospits	l or instituti	on, give street	address or	mary/		Spars		poir	
HOSP	ITAL OR		ch Won		Hospital	location)	c. CITY OR T		outside corporate li	mits, wri	te RUI	RAL and give township)
3	5	Court			1107000		Baltim					
			D = 14.5	List	e time	Yrs. Mos.		Street.	rural, give location)	5	30	0
c. I. 5. SE			Baltimore OR OR RACE	7. SINGLE	MARRIED.	Days	B. DATE OF E		9. AGE (in years			II Under 24 Hours
Mo	rle		1 hite	WIDOW	ED, DIVORCE	D (Specify)	Dec. 4.	1886	last birthday)	Months	Days	Hours Min.
			ON (Give kind of life, even if retired)		OF BUSINES	S OR	11. BIRTHPLA	ACE (State or fo	reign country)		CITIZE	N OF COUNTRY?
OI & G/023	Clir		ine, even it rectred)	STEE	L MFG		Ma	ryland			4.	
13. F/	ATHER'S I		0.	") /				MAIDEN NA	n .	41.5		
	Za	eh	Sheeter	thelm	,	044		olla s	tarr		1112	
15. W Yes, po	or unknown)	ED EVER	IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURI	TY NO.	17. INFORMA		, ,	ADDRE	SS	
	-t46		N5.		213-07		MR. War	d Sheeter	rhelm 3	632	_	
18	DISEAS (This does heart failu	LEADI not me re, asthe	CONDITION NG TO DEAT an the mode o nia, ctc. It mean ation which c	H f dying, e. g as the diseas	(A)	0	matic .	Heart	Disease			AL BETWEEN AND DEATH
			EDENT CAUS			0,						
Z	DISEASE		NDITIONS, II		(B)	arte	rioscleros	is g	eneralize	d	2	years
ATE	RISE TO T	HE ABO	VE CAUSE (A) ONDITION LA	STATING TH		Uri	nary tr	act s	nfection		2	weeks
= -							- 0		1		-	
7	TRIBUTING	TO THE	CANT CONDI E DEATH, BUT OR CONDITION	NOT RELATE	D NO	nign	hyperso	p prosta	ilic Typer	Trops	Z	years
19	A. DATE C				FINDINGS (OF OPER	RATION	0			20. A	UTOPSY?
<u> </u>				,					6 : D.W. G'		YES	NO
		R CONT	AS UNDER-		ACE OF INJUI				f in Baltimore Cit	y, give e	exact I	ocation)
	D. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY			DID INJURY	OCCUR?			
		-		m.	WHILE AT WORK	NOT WHILE						
2	2. I hereb	y certi	fy that I att	ended the	deceased from	om Ju	ne 25,	1952, to	Puly 11, 1	9 52, th	at I l	ast saw the
d	eceased a	live on	July 11	, 19 52.	and that dec	ath occur	rred at 10 4	Em., from t	he causes and o	n the de	ate st	ated above.
12	MA. SIGNA	TURE	1	~		2	3B. ADDRESS	Home Hos	erital.	23	1	TE SIGNED
242	BURIAL,	CREMA	24B. DATE	0	24c, NAME OF	M. D. CEMETE			OCATION (City, to	wn or co	-	(State)
TION	REMOVAL (7-15-	= 4	MT. 210				K. Co. 11			
DATE	RECEIVE	D BY	REGISTRAR'				25. FUNERAL				DRESS	5
LOCA	1 4 19	PAR 1	Huntin	ston /	Villiams	16:34	rette 19	works Br	adley to	Denla	1/2,	Md.
And des	VS 150	7		1 5			6 4 6) ')				
			15.8			39	030					



52 6493 BALTIMORE CITY HI	EALTH DEPARTMENT 52 6493
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED Basil A. Griffith	2. DATE OF DEATH 7/12/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. gth of stay in Baltimore Life Days 5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year It Under 24 Hours
male White Widowed (Specify)	65/1882 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 10B. KIND	- 2020 - 2000 - 3
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Wm. E. Griffith. 2700 Mosher St
18. 153 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	I a Pola Lita as
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	euma degrand cook / uss
injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
<u> </u>	not onspucion, Parpal
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Eleroses, Generalyrd
. 194. DATE OF OPERATION 198. MAJON FINDINGS OF OPE	PATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	in 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	7/2 , 1907, to 7/12 , 1907, that I last saw the
deceased alive-on, 112, 19 and that death occur	rred at 3:50 m., from the causes and on the date stated above.
23A. SIGNATURE La D. M. D.	ST. HENES HOSPITAL 7/12/6
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial 24B. DATE / 24C. NAME OF CEMETI July 15/52 Loudon Par	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. UNERAL DIRECTOR ADDRESS
111 1 1952 Huntington Williams Mit	Harry H. Withte 41016dmondoon
vs 150 690 3	M C ? O aux.



10B. KIND OF BUSINESS OR

16. SOCIAL

DUE TO

(C)

SECURITY NO.

Own Home

INDUSTRY

CAUSE C

	5.	2 6	i94
OF DEATH	Registered l		A () /).
	2. DATE OF DEATH JUL	y 11/	52
4. USUAL RESIDENCE (W) A. STATE Md.	nere deceased lived. If B. COUNTY	institution	: residence ore admission
c. CITY OR TOWN (If a Baltimore	28	ts, write RU	RAL and give township
607 Winans	Way		
agite we TOOT	9. AGE (In years last birthday) M	If Under 1 Year onths Days	If Under 24 Hours Hours Min.
Laurel, Md.	eign country)	12. CITIZ WHA	EN OF T COUNTRY
14. MOTHER'S MAIDEN NA Unknown	ME		
17. INFORMANT Liss Agnes Meyer		ans W	ay
F DEATH		INTER	VAL BETWEEN
nary thromb			tro
is vascular	e arteriosal	arrie.	
es rascular	diease	36	14420

	Years		
TION		20.	AUTOPSY?
		-	

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

+20.1

19B, MAJOR FINDINGS OF OPERA 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT

4 March, 1949, to 22. I hereby certify that I attended the deceased from

23A. BIGNATURE 24A. BURIAL, CREMA-TLOW. REMOVAL (Specify)

Loudon Park

24C. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

24D. LOCATION (City, town, or county)

1952, and that death occurred at 3 2 Pm., from the causes and on the date stated above.

11 July, 1957 that I last saw the

altimore. Md.

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

FUNERAL DIRECTOR

ADDRESS

23c. DATE SIGNED

Edmondsor

YES

(If in Baltimore City, give exact location)

LOCAL REGISTRAR

DATE RECEIVED BY

VS 150

deceased alive on 11 July

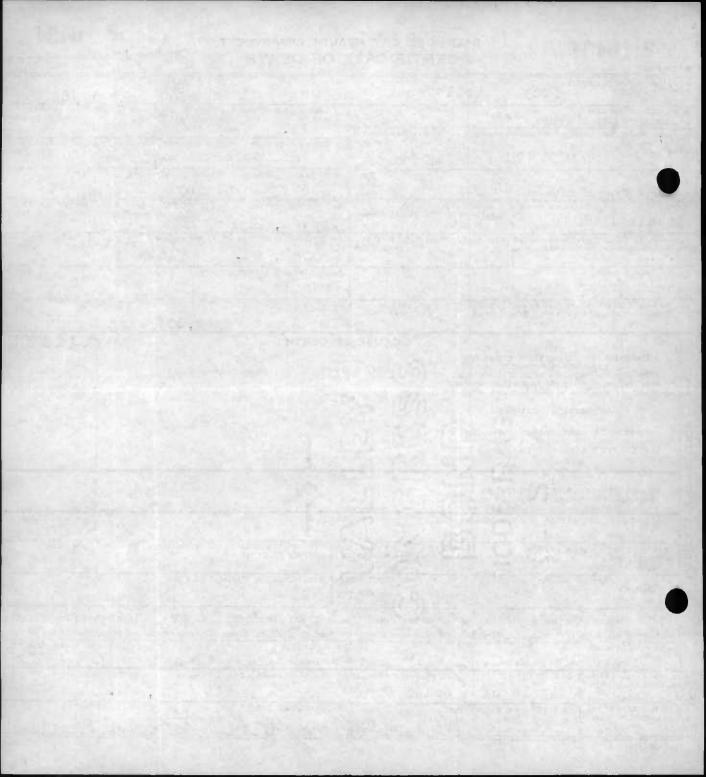
13. FATHER'S NAME Louis Mever

(Yes, no or unknown)

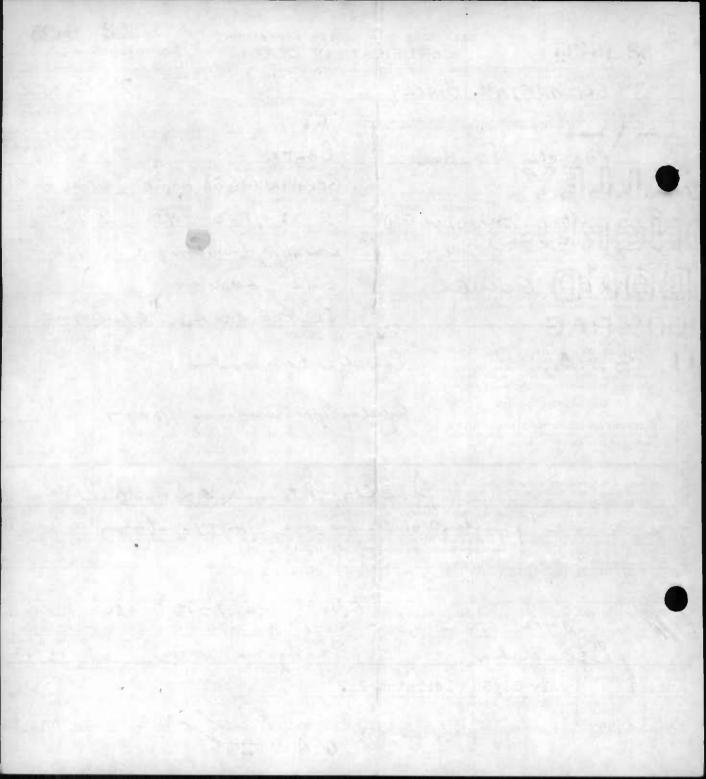
18.

CERTIFICATION

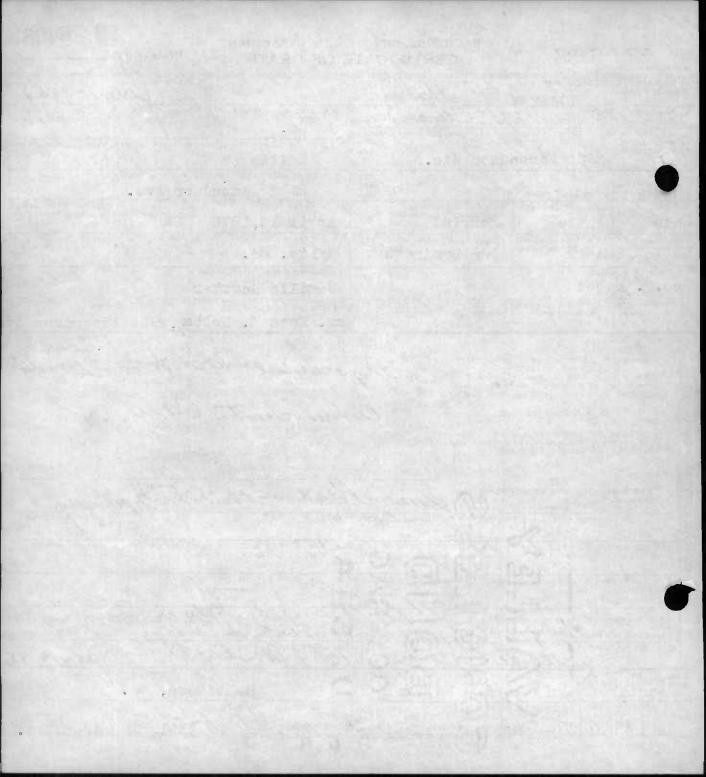
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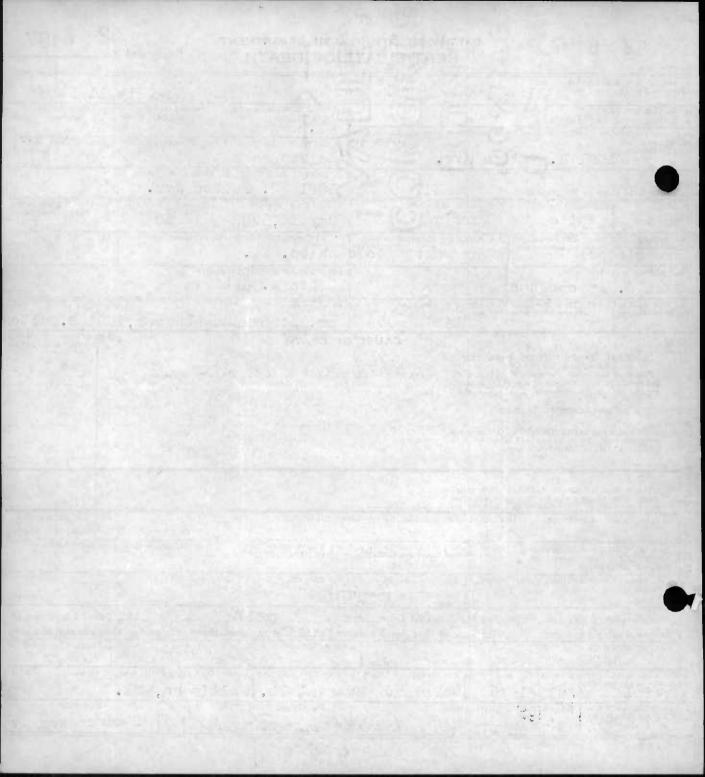
IV	DB-	640	•						
1.	3)	0.1	BALT	MORE CITY H	EALTH DEPART	MENT		52	6495
В	IRTH NO.	6495	С	ERTIFICAT	E OF DEATH	Н	Registe	ered No-	
	NAME OF Daype or Print)		THM. B.	IARLY			2. DATE OF DEATH	7 -	12-5)
	PLACE OF D				4. USUAL RESIDE	ENCE (Who			itution: residence before admission)
	FULL NAME	OF (If not in hospi	ital or institution	, give street address or location					
İN	STITUTION	6. 11	C- 11	, location,	C. CITY OR TOWN	(If ou	tside corporat	e limits, w	rite RURAL and give township)
3	Ties.	MANIE	उक्. म	OS P	D. STREET ADDRE	SS (If ru	ral, give locati	on)	
C.	ngth of	stay in Baltimore		Mos. Days	GERMANI G	ACEN	Harris	LS A	THU ALK
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	1 9	AGE (In ye	ars II Unde	r 1 Year If Under 24 Hours
1.5	F	w	WIDOWEL	DIVORCED (Specify)	2-22-1	862	last birthda	y) Month	Days Hours Min.
1C worl	A. USUAL OC	CCUPATION (Give kind of working life, even if retired	1 108 KIND O	F BUSINESS OR	11. BIRTHPLACE (S	state or fore	ign country)	/12	CITIZEN OF
	11	٩	Don	e INDOSTRI	LONDON.	E-NG1	401		WHAT COUNTRY!
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAM	E		
	JAM	UFL 6	OWER		6612.6	ROVE	ER		
(Ye	a, no or uoknowo	(If yes, give war or dat	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDI	RESS
_					DR- FRED	RICK	2225.0	dal	Ame
	18. 175	X		CAUSE	OF DEATH			ann	INTERVAL BETWEEN ONSET AND DEATH
10		SE OR CONDITION LEADING TO DEA	TH	9/2	1: 10	. 4			27
	heart fail	s not mean the mode ure, asthenia, etc. It me	ans the disease.	(A)	yes chan	our les	4		
	injury or	complication which	caused death.)	DUE TO	0				
7		ANTECEDENT CAU	SES	towellow	4 Centralence		. 0.16 .	-44	7.
ATION	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	(B) #			12454		
AT		YING CONDITION L		(C)		199-5			
RTIFIC				(0)	***************************************	***************************************			
RT	OTHER :	II SIGNIFICANT COND	ITIONS CON-	t					
GE		G TO THE DEATH, BUT		penelet	y! arteren	lent	se than	A Sin	
L	19A. DATE	OF OPERATION	98. MAJOR F	INDINGS OF OPER	RATION	B. 121	-4	,	20. AUTOPSY?
CA	6-36	0-52 4	aprillary	OF INJURY (e. g.,	io or 21c. WHERE D	town	-hesta	ofades	YES NO
EDI	LYING O	DENT WAS UNDER		factory, street, office bldg.,			in Baltimore	City, give	exact location)
Σ	CAUSE OF	(Month) (Day) (Year	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID	INTURY	CCUR?		
	OF INJURY			LE AT NOT WHILE		moon (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	20 7 1			ORK AT WORK	180 100	/ 2 -	19		
		by certify that I at live on 7-12	tended the de	d that death occur	mod at / 35 day	, to 2			hat I last saw the
	23A. SIGNA	THE /	, 155 <u>-</u> . <i>un</i>	a that death occur	23a. ADDRESS	from the	causes ana		late stated above. 3c. DATE SIGNED
	Y	Bunde	la	м. D.	In for	~ W	des		7-11-56
24 TJ	AA. BURIAL, ON, REMOVAL (CREMA- 24B. DATE Specify)	,		RY OR CREMATORY		ATION (City,		county) (State)
13	urial	July 1	,	orraine Pk			Lawn, M	d.	Mo. Time
	ATE RECEIVE		'S SIGNATURE		25 FUNERAL DIR	ECTOR	11	A	DDRESS
1	UL 1 4 1	352 Tuntin	ston WI	1: 7	tarry N.	luta	Ma 101	Edm	ondson Ave
	VS 150		19 5	Tall of	6/4 9 5	3			



1		eane			ALTH DEPARTMENT	Registered	52 No.	6496
BII	RTH NO.	6496		CERTIFICATI	- OF DEATH	\mathcal{A}		
1. (T:	NAME OF D	ECEASED Seoral	F.	Hobbs.		OF DEATH	ly 12	1952
	PLACE OF D		932 C	mondson.	4. USUAL RESIDENCE ()	Where deceased lived, I	f institutio	n : residence fore admission)
В.	FULL NAME		al or instituti	on, give street address or location)	c. CITY OR TOWN (II	f outside corporate limi	its, write R	URAL and give
	STITUTION	2932 Edmon	dson	Ave.	Baltimore	16	-06	township)
-				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location) ndSon Ave.	LAN"	
	Length of s	tay in Baltimore	7. SINGLE	Days MARRIED.	8. DATE OF BIRTH	I O ACE (In year)	If Under 1 Year	If Under 24 Hours
Me	ale	White	Marr	ED DIVORCED (Specify)			ionins: Day	75 Flours with.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Own 3	of Business or Business	Bal to . Md.	foreign country)		IZEN OF AT COUNTRY?
	FATHER'S				14. MOTHER'S MAIDEN N			
-	90.F. H		FORGER	L to cocial	Camilla Kess			
	, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date		16. SOCIAL SECURITY NO.	irs. Emma A. H		Edmon	
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA's s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSE SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. 1 ons the disease caused death SES F ANY, GIVIE STATING TI	e, DUE TO	Sessi sclosoti	farction C.V.D	5.	muedela ?
Ш	TRIBUTIN	SIGNIFICANT COND	NOT RELAT	ED MYIDORIA	eter Xion- Fro.	to te the	with the	hy
AL C		OF OPERATION	98. MAJOR	FINDINGS OF OPER	RATION	1	20 Y	NO L
EDIC	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	218. PL	ACE OF INJURY (e. g., ferm, factory, street, office bldg.		(If in Baltimore City	, give exa	et location)
Σ	21p. TIME F INJURY	(Month) (Day) (Year		21E. INJURY OCCURF WHILE AT NOT WHILE WORK		RY OCCUR?		
	22. I here	by certify that I at	tended the	deceased from	100 1950 to			I last saw the
	deceased of	live on	0, 19.5.2	and that death occu	rred at 75 m., from	the causes and on	239	DATE SIGNED
		Lester	1.08	ele / M.D.	1039 W. Ja	elf.	1	(State)
2 TI	4A. BURIAL. ON REMOVAL (BUT18	Specify July 1		Loudon Parl		timore, Md		(iotate)
I D	ATE RECEIVE	D BY REGISTRAR	SIGNAT		25 FUNERAL DIRECTOR	Mar	ADDR	
-	VS 150	13JZ Hantin	79 5	2000	6 / 9 3	O THE	TOTALD	



=3	
	E OF DEATH Registered No. Registered No.
1. NAME OF DECEASED (Type or Print) Allen Grant Ammenheus	DENTIL
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate, limits, write RURAL and give
1001 N. Fulton Ave.	Baltimore /6-03 township)
c. Dength of stay in Baltimore Life Yrs. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White The Married (Specify	
work done during most of working life, even if retired) Notor Parts NDUSTR	
John G. Ammenheuser	Lotta A. Rehbein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 21.2 03 9764	17. INFORMANT ADDRESS Mrs. Ethel Ammenheuser, 1001 N. Fulton
	OF DEATH AVEINTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	gkin's disease 29n?
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
Ш TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
Be open contributing Z1a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
S CAUSE OF BEATT	injury occur?
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR!	E
22. I hereby certify that I attended the deceased from for	1957, to ful q 11, 1952, that I last saw the
deccased alive on fully 10, 1952, and that death occu	urred at 12 3 Am., from the causes and on the date stated above.
Lacelor of Thanance M.D.	2802 Harford 16d 7/11/5-2
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	morial Pk. Baltimore, Md.
LOGAL PEGISTRAR HT & State Williams My	Harry H. histoft 101 Edmondson Ave
VS 150 290 6	5000



-540			
52 6498 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.	6498
1. NAME OF DECEASED (Type or Print)	. CREED H.	2. DATE OF	1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		(Where deceased lived, If institution B. COUNTY be	n : residence fore admission)
B. FULL NAME OF (If not in hospital or i HOSPITAL OR INSTITUTION	anstitution, give street address or location) c. CITY OR TOWN	If outside corporate limits, write R	URAL and give
TROVIDENT		one - - If reral, give location)	() township)
c. 1 gth of stay in Baltimore	Hyerra Mos. 1008 E.	Minglan Ave	uue
	SINGLE, MARRIED, SIND BENTH SIND	9. AGE (in years ff Under Year last birthday) Months Day	
10A. USUAL OCCUPATION (Give kind of work done-during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or		IZEN OF AT COUNTRY?
13. FATHER'S NAME	Pt. Houses UJASNIA	NAME	12.79.
KODERT DE	VEAL Julia	MASON	•
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yee, 90 or unknown) (If yee, give wer or dates of ser	CEST 16. SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT NO. 218-14-7113	ADDRESS INOR E. A.	itus les 194
18. 33/X 1	CAUSE OF DEATH	INTE	RVAL BETWEEN ET AND DEATH
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dying	ng, e.g., (A) CEREBRAI HE	MORRHAGE "	4 DAYS
heart failure, asthenia, etc. It means the injury or complication which caused	e discase,		
injury or complication which caused	acasmy but 10		
ANTECEDENT CAUSES	(B) Hypertern		
ANTECEDENT CAUSES	GIVING (B) Hyperterry		
ANTECEDENT CAUSES	GIVING (B) Hyperterry		
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT.	GIVING (B) Hypertage (C) (C)		
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. I OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE	GIVING (B) Hypertage (C) (C)	20.	. AUTOPSY?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT INTO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. NONE 21A. ACCIDENT WAS UNDER. 21	(B) Hypothering ING THE DUE TO (C)	20. YES (If in Baltimore City, give exact	ND N
ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M NONE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6bout CAUSE OF DEATH	(B) Hyperia (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	YES (If in Baltimore City, give exact	ND N
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE OF OPERATION 19B. M. NONE 21A. ACCIDENT WAS UNDER. 21 LYING OR CONTRIBUTING 8-bour CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended	GIVING (C) (C) (C) (C) (C) (C) (C) (C	(If in Baltimore City, give exact RY OCCUR? And ID, 1953, that I	t location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE OF OPERATION 19B. M. NONE 21A. ACCIDENT WAS UNDER. 21 LYING OR CONTRIBUTING 8-bour CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended	GIVING ING THE DUE TO (C) (C) (C) (C) (C) (C) (C) (C	(If in Baltimore City, give exact RY OCCUR? The causes and on the date:	t location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE OF OPERATION 19B. M 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING BOUNDER CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hourded Lying Cause of Death 19bourded) 22. I hereby certify that I attended deceased alive on 19c. 234 SIGNATURE 19c. 248. DATE	IS CON- RELATED SING IT. IAJOR FINDINGS OF OPERATION IB. PLACE OF INJURY (e.g., io or lat home, farm, factory, street, office bidg., etc.) ID. PLACE OF INJURY OCCURRED INJURY OCCUR?	(If in Baltimore City, give exact RY OCCUR? The causes and on the date: A Hele Due 286.	t location) I last saw the stated above. DATE SIGNED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE (A) STAT UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF INJURY 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR INJURY 22. I hereby certify that I attended deceased alive on 19:234 SIGNATURE 24A. BURIAL, CREMA- 19:24B. DATE TION REMOVAL (Specify)	IS CON- RELATED SING IT. IAJOR FINDINGS OF OPERATION IB. PLACE OF INJURY (e.g., io or lat home, farm, factory, street, office bidg., etc.) ID. PLACE OF INJURY OCCURRED INJURY OCCUR?	(If in Baltimore City, give exact RY OCCUR? The causes and on the date:	t location) I last saw the stated above. DATE SIGNED
ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6hour CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended deceased alive on 19. 234 SIGNIFICANT 24B. DATE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	IS CON- RELATED SING IT. IAJOR FINDINGS OF OPERATION IB. PLACE OF INJURY (e.g., io or lat home, farm, factory, street, office bidg., etc.) ID. PLACE OF INJURY OCCURRED INJURY OCCUR?	(If in Baltimore City, give exact RY OCCUR? The causes and on the date: A Hele Due 23c. F LOCATION (City, town, or Jounn)	last saw the stated above. OATE SIGNED (State)
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT ITD THE DISEASE OR CONDITION CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6000 CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (House Injury) 22. I hereby certify that I attended deceased alive on 19. 234 SIGNATURE DATE RECEIVED BY REGISTRAR'S SIGNATE CONDITIONS.	GIVING ING THE DUE TO (C) (C) (C) (C) (C) (C) (C) (C	(If in Baltimore City, give exact RY OCCUR? The causes and on the date: A Hele Due 23c. F LOCATION (City, town, or Jounn)	last saw the stated above. CATE SIGNED (State)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6499

Registered No. (Type or Print) ANNA TRIBULL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give LUTHERAN HOSP. OF MD. BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. S. ENST AUE. ngth of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year II Under 24 Hours last hirthday) Months; Days Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE U.S. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH DNSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OBSTRUCT I UE SAUNDICE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TD ANTECEDENT CAUSES CARCINOMA OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION EDICAL PANCRE AS elUhx ARCINOMA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from I VULY , 1957 to 13 July, 1957 that I last saw the deceased alive on JULY, 1952, and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA-240. LOCATION (City, town, or county) TION, REMOVAL (Specify) 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6500

BIRTH NO.	E OF DEATH			
1. NAME OF DECEASED (Type or Print) Harry Henry Narer	2. DATE OF JULY I2- 52			
3. PLACE OF DEATH: A. Baltimore City, Maryland I7I5 Spence St	4. USUAL RESIDENCE (Where deceased lived, If institution: residence as COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) INSTITUTION				
c. Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Married	March 11 - 1895 : 54			
TOA. USUAL OCCUPATION (Givekinded procedures mostef working life, even if retired) Fat RenderIng	baltimore city 0 5 A			
George Narer	Margaret Heffner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Helen Narer 1715 Spence Balto Md No50			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rouary Thrombosi /2/4			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	A			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.				
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY MHILE AT NOT WHILE AT WORK AT WORK				
deceased alive on 7/12/52, 19, and that death occu	red at 3:15 pm., from the causes and on the date stated above.			
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	2436 Washington Glod 7/14/52			
	Ridge Cem Wash Blvd			
LOCAL REGISTRAR 1 1952 Huntington Walliams, My	Edward Toulson 2359 Wash Blvd Balto 30 Md			
VS 150				

